



SENATE JOURNAL

STATE OF ILLINOIS

ONE HUNDREDTH GENERAL ASSEMBLY

125TH LEGISLATIVE DAY

THURSDAY, MAY 17, 2018

12:09 O'CLOCK P.M.

SENATE
Daily Journal Index
125th Legislative Day

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The Senate met pursuant to adjournment.
Senator Terry Link, Waukegan, Illinois, presiding.
Prayer by the Reverend Jason Moody, Grace United Methodist Church and Kumler United Methodist Church, Springfield, Illinois.
Senator Cunningham led the Senate in the Pledge of Allegiance.

Senator Hunter moved that reading and approval of the Journal of Wednesday, May 16, 2018, be postponed, pending arrival of the printed Journal.
The motion prevailed.

REPORTS RECEIVED

The Secretary placed before the Senate the following reports:

Personal Information Protection Act Report, submitted by Northern Illinois University.

Report pursuant to the Business Assistance and Regulatory Reform Act, submitted by the Office of the Attorney General.

The foregoing reports were ordered received and placed on file in the Secretary's Office.

PRESENTATION OF RESOLUTIONS

SENATE RESOLUTION NO. 1747

Offered by Senator Bennett and all Senators:
Mourns the death of Thomas W. "Tom" Fletcher of Oakwood.

SENATE RESOLUTION NO. 1748

Offered by Senator Munóz and all Senators:
Mourns the death of Jon Paul Gentry of Tallula.

SENATE RESOLUTION NO. 1749

Offered by Senator Murphy and all Senators:
Mourns the death of Roger G. "Willie" Williams of Schaumburg.

SENATE RESOLUTION NO. 1750

Offered by Senator Koehler and all Senators:
Mourns the death of Lois "Joan" Criswell of Peoria.

SENATE RESOLUTION NO. 1751

Offered by Senator Haine and all Senators:
Mourns the death of Ronald "Ron" Williamson of Glen Carbon.

SENATE RESOLUTION NO. 1752

Offered by Senator Haine and all Senators:
Mourns the death of Robert P. "Bob" Lammert of Edwardsville.

SENATE RESOLUTION NO. 1753

Offered by Senator Haine and all Senators:
Mourns the death of James Blair of East Alton.

SENATE RESOLUTION NO. 1754

Offered by Senator Link and all Senators:
Mourns the death of Michael John Diamond.

SENATE RESOLUTION NO. 1755

Offered by Senator Link and all Senators:

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Mourns the death of Louis G. "Lou" Fiorelli.

SENATE RESOLUTION NO. 1756

Offered by Senator Barickman and all Senators:

Mourns the death of Rebecca Cain "Becky" Fowler of Urbana.

By unanimous consent, the foregoing resolutions were referred to the Resolutions Consent Calendar.

Senator Manar offered the following Senate Joint Resolution, which was referred to the Committee on Assignments:

SENATE JOINT RESOLUTION NO. 75

WHEREAS, It is highly fitting that the Illinois General Assembly pays honor and respect to those individuals who have served our country and, in doing so, have made the ultimate sacrifice for our nation; and

WHEREAS, Charles Thomas Heinemeier was born in Alton to John and Lela Heinemeier on March 2, 1949, the fourth son of 10 children; and

WHEREAS, Marine Lance Corporal Heinemeier graduated from Bunker Hill High School in 1967, where he played baseball and basketball; after high school, he worked construction at McCann Concrete and the Olin Corporation; and

WHEREAS, In May of 1968, Cpl. Heinemeier, following the lead of his older brothers, enlisted in the U.S. Marines; he attended basic training in San Diego and Camp Pendleton California; in December of 1968, he was sent to Vietnam, six months after he enlisted; and

WHEREAS, Cpl. Heinemeier was killed on August 19, 1969 while serving with the 1st Marine Division in Quang Nam, Vietnam; and

WHEREAS, Cpl. Heinemeier was posthumously awarded three Bronze Stars and the Purple Heart; and

WHEREAS, Cpl. Heinemeier's commanding officer remembers him as the man who made life bearable in the midst of death; "Your son," he wrote Mrs. Heinemeier, "was our morale booster. We wouldn't have made it without him."; therefore, be it

RESOLVED, BY THE SENATE OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES CONCURRING HEREIN, that we designate IL-159 from Detour Road to IL-16 in Bunker Hill as the "Lance Cpl. Charles Heinemeier Memorial Highway"; and be it further

RESOLVED, That the Illinois Department of Transportation is requested to erect at suitable locations, consistent with State and federal regulations, appropriate plaques or signs giving notice of the name "Lance Cpl. Charlie Heinemeier Memorial Highway"; and be it further

RESOLVED, That suitable copies of this resolution be presented to the family of Cpl. Heinemeier, the Mayor of Bunker Hill, and the Secretary of Transportation.

REPORTS FROM STANDING COMMITTEES

Senator E. Jones III, Chairperson of the Committee on Licensed Activities and Pensions, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

Senate Amendment No. 3 to Senate Bill 370

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Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator E. Jones III, Chairperson of the Committee on Licensed Activities and Pensions, to which was referred **House Bills Numbered 5137, 5177 and 5342**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator E. Jones III, Chairperson of the Committee on Licensed Activities and Pensions, to which was referred **House Bills Numbered 5212 and 5502**, reported the same back with amendments having been adopted thereto, with the recommendation that the bills, as amended, do pass.

Under the rules, the bills were ordered to a second reading.

Senator Landek, Chairperson of the Committee on State Government, to which was referred the following Senate floor amendments, reported that the Committee recommends do adopt:

Senate Amendment No. 1 to Senate Bill 276
Senate Amendment No. 2 to House Bill 4751

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

Senator Landek, Chairperson of the Committee on State Government, to which was referred **Senate Resolution No. 1668**, reported the same back with the recommendation that the resolution be adopted.

Under the rules, **Senate Resolution No. 1668** was placed on the Secretary's Desk.

Senator Landek, Chairperson of the Committee on State Government, to which was referred **Senate Joint Resolution No. 70**, reported the same back with the recommendation that the resolution be adopted.

Under the rules, **Senate Joint Resolution No. 70** was placed on the Secretary's Desk.

Senator Mulroe, Chairperson of the Committee on Insurance, to which was referred **House Bill No. 5351**, reported the same back with the recommendation that the bill do pass.

Under the rules, the bill was ordered to a second reading.

Senator Sandoval, Chairperson of the Committee on Transportation, to which was referred **House Bills Numbered 4944 and 5057**, reported the same back with the recommendation that the bills do pass.

Under the rules, the bills were ordered to a second reading.

Senator Sandoval, Chairperson of the Committee on Telecommunications and Information Technology, to which was referred **House Bill No. 4472**, reported the same back with amendments having been adopted thereto, with the recommendation that the bill, as amended, do pass.

Under the rules, the bill was ordered to a second reading.

Senator Sandoval, Chairperson of the Committee on Transportation, to which was referred **House Joint Resolutions numbered 21 and 67**, reported the same back with the recommendation that the resolutions be adopted.

Under the rules, **House Joint Resolutions numbered 21 and 67** were placed on the Secretary's Desk.

Senator Harris, Chairperson of the Committee on Agriculture, to which was referred **House Bill No. 5440**, reported the same back with the recommendation that the bill do pass.

Under the rules, the bill was ordered to a second reading.

Senator Harris, Chairperson of the Committee on Agriculture, to which was referred the following Senate floor amendment, reported that the Committee recommends do adopt:

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Senate Amendment No. 1 to House Bill 4234

Under the rules, the foregoing floor amendment is eligible for consideration on second reading.

INTRODUCTION OF BILLS

SENATE BILL NO. 3612. Introduced by Senator Martinez, a bill for AN ACT concerning public aid.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

SENATE BILL NO. 3613. Introduced by Senator McGuire, a bill for AN ACT concerning appropriations.

The bill was taken up, read by title a first time, ordered printed and referred to the Committee on Assignments.

MESSAGES FROM THE HOUSE

A message from the House by

Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has adopted the following joint resolution, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE JOINT RESOLUTION NO. 90

WHEREAS, Richard Clayton was born in his grandfather's home in Pocahontas on July 4, 1930; and

WHEREAS, Coming from a very poor background, Richard Clayton started working at the age of 10 to support his grandparents; in 1943, he worked at the Hartfield Show Tannery for \$0.82 cents an hour; and

WHEREAS, Richard Clayton graduated from Pocahontas High School, where he was a star basketball player; he enrolled in Southern Illinois University Edwardsville, but his family's finances did not allow him to stay and earn a degree; he enlisted in the United States Marine Corps in 1950, achieving the rank of sergeant and serving honorably until his discharge in 1952; and

WHEREAS, After being discharged from the Marines, Richard Clayton worked as a carpenter at Granite City Steel in Collinsville; he was a construction foreman for various companies until becoming a superintendent with Gorman & Sons in East St. Louis; and

WHEREAS, Richard Clayton married Marjory Ellen Hicks in December of 1953; Marjory's career spanned 31 years teaching at Highland Junior and Senior High Schools; Richard built a house for his family on four acres of a former corn field along Route 160 between Highland and Grantfork, where he and his wife raised two children, Warren and Patty; and

WHEREAS, Richard Clayton's career became focused on highway bridge construction in Southern Illinois, working for the Bituminous Fuel Oil Company in Collinsville, and later as a bridge inspector for the State of Illinois for a short time; and

WHEREAS, Richard Clayton then worked with the Hoefken Brothers in Belleville for 10 years; when the owner, John Hoefken, left the company and started Mississippi Valley Materials, Richard joined him and finished his career at the new company; and

WHEREAS, In 1985, Richard Clayton took early retirement and started Chipwood Acres Nursery with his wife on their property along Route 160; it was a successful tree and plant nursery for 20 years where

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they shared their landscaping talents with the local community by providing landscaping design, trees, foundation shrubs, flowering perennial and annual plants for sale, and personal landscape advice that you could not get anywhere else; and

WHEREAS, Richard Clayton and Marjory retired from the nursery in 2005; Marjory passed away in April of 2017; and

WHEREAS, Richard Clayton remains on their acreage along Route 160 still maintaining his green thumb; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that, in honor of his contribution to the betterment of the State, we designate the bridge on Route 160 between Highland and Grantfork in Madison County crossing over I-70 as the "Richard Clayton Bridge"; and be it further

RESOLVED, That the Illinois Department of Transportation is requested to erect at suitable locations, consistent with State and federal regulations, appropriate plaques or signs giving notice of the name "Richard Clayton Bridge"; and be it further

RESOLVED, That suitable copies of this resolution be presented to Richard Clayton, Highland Mayor Joseph R. Michaelis, and the Secretary of Transportation.

Adopted by the House, May 8, 2018.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 90 was referred to the Committee on Assignments.

A message from the House by
Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has adopted the following joint resolution, in the adoption of which I am instructed to ask the concurrence of the Senate, to-wit:

HOUSE JOINT RESOLUTION NO. 99

WHEREAS, The members of the Illinois General Assembly are honored to pay tribute to those who have given their lives to protect and serve the citizens of this great nation; and

WHEREAS, Medevac Pilot Larry D. Mills, along with flight nurse Deborah Kroon, flight paramedic Michelle Tarwarter, and patient April Rodriguez were killed on July 29, 2016 when the Cal-Ore Life Flight plane they were on went down east of McKinleyville, California; and

WHEREAS, Larry Mills was born in Warner Robins, Georgia on March 17, 1962; his family moved to Marine in 1973 and he graduated from Triad High School in 1980; he was an EMT and a 12-year veteran of the Marine Volunteer Fire Department; and

WHEREAS, Larry Mills was an exceptional pilot and instructor who flew gliders, helicopters, dual aircraft, and taught at Schafer Airport in St. Jacob; he had over 30 years of flying experience and had contracts with the United States Army and the Air Force to train pilots; and

WHEREAS, The Larry Mills Aviation Memorial Scholarship has been established through the Highland Area Community Foundation to honor the life and career of a pilot who gave his life helping others; therefore, be it

RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE HUNDREDTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE SENATE CONCURRING HEREIN, that we

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designate Illinois Route 143 as it travels from its intersection with Route 4 east through the City of Marine as the "Larry D. Mills Memorial Highway"; and be it further

RESOLVED, That the Illinois Department of Transportation is request to erect, at suitable locations consistent with State and federal regulations, appropriate plaques or signs giving notice of the name of the "Larry D. Mills Memorial Highway"; and be it further

RESOLVED, That a suitable copy of this resolution be presented to the family of Larry Mills, the Mayor of the City of Marine, and the Secretary of Transportation.

Adopted by the House, May 8, 2018.

TIMOTHY D. MAPES, Clerk of the House

The foregoing message from the House of Representatives reporting House Joint Resolution No. 99 was referred to the Committee on Assignments.

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A SECOND TIME

On motion of Senator Raoul, **House Bill No. 4226** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Harris, **House Bill No. 4420** having been printed, was taken up and read by title a second time.

The following amendment was offered in the Committee on State Government, adopted and ordered printed:

AMENDMENT NO. 1 TO HOUSE BILL 4420

AMENDMENT NO. 1. Amend House Bill 4420 by replacing everything after the enacting clause with the following:

"Section 5. The Fair Practices in Contracting Task Force Act is amended by changing Sections 10 and 15 as follows:

(20 ILCS 5080/10)

(Section scheduled to be repealed on January 2, 2019)

Sec. 10. Meetings.

(a) The Task Force shall hold its first meeting by March 1, 2016.

(b) The Department of Central Management Services shall assist the Task Force and provide administrative support, ~~but shall have no hand in guiding its direction or ascertaining its results.~~

(c) The Task Force shall meet quarterly and report its findings to the General Assembly and the appropriate committees.

(d) The Task Force shall submit its final report to the General Assembly and the Governor no later than December 31, ~~2019~~ 2017.

(e) The reports to the General Assembly required under this Section shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct.

(Source: P.A. 99-451, eff. 6-1-16.)

(20 ILCS 5080/15)

(Section scheduled to be repealed on January 2, 2019)

Sec. 15. Repeal date. This Act is repealed on January 2, ~~2020~~ 2019.

(Source: P.A. 99-451, eff. 6-1-16.)

Section 10. The Protection of Individuals with Disabilities in the Criminal Justice System Task Force Act is amended by changing Sections 20 and 25 as follows:

(20 ILCS 5115/20)

(Section scheduled to be repealed on June 30, 2018)

Sec. 20. Report. The Task Force shall submit a report with its findings and recommendations to the Governor, the Attorney General, and to the General Assembly on or before March 31, ~~2019~~ 2018. ~~The~~

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report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct.
(Source: P.A. 100-481, eff. 9-8-17.)

(20 ILCS 5115/25)

(Section scheduled to be repealed on June 30, 2018)

Sec. 25. Repeal. This Act is repealed on June 30, ~~2020~~ 2018.

(Source: P.A. 100-481, eff. 9-8-17.)

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

There being no further amendments, the bill, as amended, was ordered to a third reading.

On motion of Senator Aquino, **House Bill No. 4469** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 4516** having been printed, was taken up and read by title a second time.

The following amendment was offered in the Committee on Insurance, adopted and ordered printed:

AMENDMENT NO. 1 TO HOUSE BILL 4516

AMENDMENT NO. 1. Amend House Bill 4516 on page 2, immediately below line 13, by inserting the following:

"(d) If, at any time before or after the effective date of this amendatory Act of the 100th General Assembly, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register, publishes a comment in the Federal Register, or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Pub. L. 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of coverage for medically necessary hearing instruments and related services for individuals under the age of 18, then this Section is inoperative with respect to all such coverage other than that authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of coverage for medically necessary hearing instruments and related services for individuals under the age of 18."

There being no further amendments, the bill, as amended, was ordered to a third reading.

On motion of Senator Castro, **House Bill No. 4536** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Koehler, **House Bill No. 4569** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator T. Cullerton, **House Bill No. 4578** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 4643** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 4650** was taken up, read by title a second time. Floor Amendment No. 1 was held in the Special Committee on Oversight of Medicaid Managed Care.

There being no further amendments, the bill was ordered to a third reading.

On motion of Senator Koehler, **House Bill No. 4658** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Holmes, **House Bill No. 4661** was taken up, read by title a second time and ordered to a third reading.

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On motion of Senator Martinez, **House Bill No. 4688** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Koehler, **House Bill No. 4736** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Cunningham, **House Bill No. 4751** having been printed, was taken up and read by title a second time.

Floor Amendment No. 1 was postponed in the Committee on State Government.

Senator Cunningham offered the following amendment and moved its adoption:

AMENDMENT NO. 2 TO HOUSE BILL 4751

AMENDMENT NO. 2. Amend House Bill 4751 as follows:

on page 26, immediately below line 19, by inserting the following:

"(D-20.5) For taxable years beginning on or after January 1, 2018, in the case of a distribution from a qualified ABLE program under Section 529A of the Internal Revenue Code, other than a distribution from a qualified ABLE program created under Section 16.6 of the State Treasurer Act, an amount equal to the amount excluded from gross income under Section 529A(c)(1)(B) of the Internal Revenue Code;"; and

on page 27, by replacing lines 1 through 10 with the following:

"(D-21.5) For taxable years beginning on or after January 1, 2018, in the case of the transfer of moneys from a qualified tuition program under Section 529 or a qualified ABLE program under Section 529A of the Internal Revenue Code that is administered by this State to an ABLE account established under an out-of-state ABLE account program, an amount equal to the contribution component of the transferred amount that was previously deducted from base income under subsection (a)(2)(Y) or subsection (a)(2)(HH) of this Section;"; and

on page 27, line 12, after "2009," by inserting "and prior to January 1, 2018,"; and

on page 27, line 22, after "disability", by inserting ". For taxable years beginning on or after January 1, 2018: (1) in the case of a nonqualified withdrawal or refund, as defined under Section 16.5 of the State Treasurer Act, of moneys from a qualified tuition program under Section 529 of the Internal Revenue Code administered by the State, an amount equal to the contribution component of the nonqualified withdrawal or refund that was previously deducted from base income under subsection (a)(2)(Y) of this Section, and (2) in the case of a nonqualified withdrawal or refund from a qualified ABLE program under Section 529A of the Internal Revenue Code administered by the State that is not used for qualified disability expenses, an amount equal to the contribution component of the nonqualified withdrawal or refund that was previously deducted from base income under subsection (a)(2)(HH) of this Section;"; and

on page 41, line 11, by replacing "and" with "and"; and

on page 41, by replacing line 26 with "(GG) is exempt from the provisions of Section 250; and."; and

on page 41, immediately below line 26, by inserting the following:

"(HH) For taxable years beginning on or after January 1, 2018 and prior to January 1, 2023, a maximum of \$10,000 contributed in the taxable year to a qualified ABLE account under Section 16.6 of the State Treasurer Act, except that amounts excluded from gross income under Section 529(c)(3)(C)(i) or Section 529A(c)(1)(C) of the Internal Revenue Code shall not be considered moneys contributed under this subparagraph (HH). For purposes of this subparagraph (HH), contributions made by an employer on behalf of an employee, or matching contributions made by an employee, shall be treated as made by the employee."

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the bill, as amended, was ordered to a third reading.

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On motion of Senator Holmes, **House Bill No. 4768** having been printed, was taken up and read by title a second time.

Committee Amendment No. 1 was postponed in the Committee on Education.

The following amendment was offered in the Committee on Education, adopted and ordered printed:

AMENDMENT NO. 2 TO HOUSE BILL 4768

AMENDMENT NO. 2. Amend House Bill 4768 by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 10-16.5 as follows:
(105 ILCS 5/10-16.5)

Sec. 10-16.5. Oath of office. Each school board member, before taking his or her seat on the board, shall take an oath of office, administered as determined by the board, in substantially the following form:

I, (name of member or successful candidate), do solemnly swear (or affirm) that I will faithfully discharge the duties of the office of member of the Board of Education (or Board of School Directors, as the case may be) of (name of school district), in accordance with the Constitution of the United States, the Constitution of the State of Illinois, and the laws of the State of Illinois, to the best of my ability.

I further swear (or affirm) that:

I shall respect taxpayer interests by serving as a faithful protector of the school district's assets;

I shall encourage and respect the free expression of opinion by my fellow board members and others who seek a hearing before the board, while respecting the privacy of students and employees;

I shall recognize that a board member has no legal authority as an individual and that decisions can be made only by a majority vote at a public board meeting; ~~and~~

I shall abide by majority decisions of the board, while retaining the right to seek changes in such decisions through ethical and constructive channels; -

As part of the Board of Education (or Board of School Directors, as the case may be), I shall accept the responsibility that I am responsible for my role in the equitable and quality education of every student in the school district;

I shall foster with the board extensive participation of the community, formulate goals, define outcomes, and set the course for (name of school district);

I shall assist in establishing a structure and an environment designed to ensure all students have the opportunity to attain their maximum potential through a sound organizational framework;

I shall strive to ensure a continuous assessment of student achievement and all conditions affecting the education of our children, in compliance with State law;

I shall serve as education's key advocate on behalf of students and our community's school (or schools) to advance the vision for (name of school district); and

I shall strive to work together with the district superintendent to lead the school district toward fulfilling the vision the board has created, fostering excellence for every student in the areas of academic skills, knowledge, citizenship, and personal development.

(Source: P.A. 96-998, eff. 7-2-10.)"

There being no further amendments, the bill, as amended, was ordered to a third reading.

On motion of Senator McGuire, **House Bill No. 4781** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Koehler, **House Bill No. 4790** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Mulroe, **House Bill No. 4811** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 4821** having been printed, was taken up and read by title a second time.

The following amendment was offered in the Committee on Insurance, adopted and ordered printed:

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AMENDMENT NO. 1 TO HOUSE BILL 4821

AMENDMENT NO. 1. Amend House Bill 4821 on page 6, immediately below line 6, by inserting the following:

"(c) If, at any time before or after the effective date of this amendatory Act of the 100th General Assembly, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register, publishes a comment in the Federal Register, or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Pub. L. 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of the prohibition of coverage restrictions or exclusions contained in subsection (b) of this Section for the treatment of stage 4 advanced, metastatic cancer, then this Section is inoperative with respect to all such coverage other than that authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of the prohibition of coverage restrictions or exclusions contained in subsection (b) of this Section for the treatment of stage 4 advanced, metastatic cancer."

There being no further amendments, the bill, as amended, was ordered to a third reading.

On motion of Senator Holmes, **House Bill No. 4843** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 4849** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Oberweis, **House Bill No. 4879** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Hutchinson, **House Bill No. 4965** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 5029** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Castro, **House Bill No. 5122** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Stadelman, **House Bill No. 5180** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator McConaughay, **House Bill No. 5206** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Morrison, **House Bill No. 5245** having been printed, was taken up and read by title a second time.

The following amendment was offered in the Committee on Human Services, adopted and ordered printed:

AMENDMENT NO. 1 TO HOUSE BILL 5245

AMENDMENT NO. 1. Amend House Bill 5245 by replacing everything after the enacting clause with the following:

"Section 5. The Sexual Assault Survivors Emergency Treatment Act is amended by changing Sections 1a, 2, 2.1, 2.2, 3, 5, 5.5, 6.1, 6.2, 6.4, 6.5, 6.6, 7, 7.5, 8, and 9 and by adding Sections 2.05, 2.06, 5.1, 5.2, 5.3, 5.4, 9.5, and 10 as follows:

(410 ILCS 70/1a) (from Ch. 111 1/2, par. 87-1a)

Sec. 1a. Definitions. In this Act:

"Advanced practice registered nurse" has the meaning provided in Section 50-10 of the Nurse Practice Act.

"Ambulance provider" means an individual or entity that owns and operates a business or service using ambulances or emergency medical services vehicles to transport emergency patients.

"Approved pediatric health care facility" means a health care facility, other than a hospital, with a sexual assault treatment plan approved by the Department to provide medical forensic services to pediatric sexual assault survivors who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days.

"Areawide sexual assault treatment plan" means a plan, developed by the hospitals or by hospitals and approved pediatric health care facilities in a the community or area to be served, which provides for medical forensic hospital emergency services to sexual assault survivors that shall be made available by each of the participating hospitals and approved pediatric health care facilities.

"Board-certified child abuse pediatrician" means a physician certified by the American Board of Pediatrics in child abuse pediatrics.

"Board-eligible child abuse pediatrician" means a physician who has completed the requirements set forth by the American Board of Pediatrics to take the examination for certification in child abuse pediatrics.

"Department" means the Department of Public Health.

"Emergency contraception" means medication as approved by the federal Food and Drug Administration (FDA) that can significantly reduce the risk of pregnancy if taken within 72 hours after sexual assault.

"Follow-up healthcare" means healthcare services related to a sexual assault, including laboratory services and pharmacy services, rendered within 90 days of the initial visit for medical forensic hospital emergency services.

"Forensic services" means the collection of evidence pursuant to a statewide sexual assault evidence collection program administered by the Department of State Police, using the Illinois State Police Sexual Assault Evidence Collection Kit.

"Health care professional" means a physician, a physician assistant, a sexual assault forensic examiner, or an advanced practice registered nurse, a registered professional nurse, a licensed practical nurse, or a sexual assault nurse examiner.

"Hospital" means a hospital licensed under the Hospital Licensing Act or operated under the University of Illinois Hospital Act, any outpatient center included in the hospital's sexual assault treatment plan where hospital employees provide medical forensic services, and an out-of-state hospital that has consented to the jurisdiction of the Department under Section 2.06 has the meaning given to that term in the Hospital Licensing Act.

"Hospital emergency services" means healthcare delivered to outpatients within or under the care and supervision of personnel working in a designated emergency department of a hospital, including, but not limited to, care ordered by such personnel for a sexual assault survivor in the emergency department.

"Illinois State Police Sexual Assault Evidence Collection Kit" means a prepackaged set of materials and forms to be used for the collection of evidence relating to sexual assault. The standardized evidence collection kit for the State of Illinois shall be the Illinois State Police Sexual Assault Evidence Collection Kit.

"Law enforcement agency having jurisdiction" means the law enforcement agency in the jurisdiction where an alleged sexual assault or sexual abuse occurred.

"Licensed practical nurse" has the meaning provided in Section 50-10 of the Nurse Practice Act.

"Medical forensic services" means health care delivered to patients within or under the care and supervision of personnel working in a designated emergency department of a hospital or an approved pediatric health care facility. "Medical forensic services" includes, but is not limited to, taking a medical history, performing photo documentation, performing a physical and anogenital examination, assessing the patient for evidence collection, collecting evidence in accordance with a statewide sexual assault evidence collection program administered by the Department of State Police using the Illinois State Police Sexual Assault Evidence Collection Kit, if appropriate, assessing the patient for drug-facilitated or alcohol-facilitated sexual assault, providing an evaluation of and care for sexually transmitted infection and human immunodeficiency virus (HIV), pregnancy risk evaluation and care, and discharge and follow-up healthcare planning.

"Pediatric health care facility" means a clinic or physician's office that provides medical services to pediatric patients.

"Pediatric sexual assault survivor" means a person under the age of 13 who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault.

"Photo documentation" means digital photographs or colposcope videos stored and backed-up securely in the original file format.

"Nurse" means a nurse licensed under the Nurse Practice Act.

"Physician" means a person licensed to practice medicine in all its branches.

"Physician assistant" has the meaning provided in Section 4 of the Physician Assistant Practice Act of 1987.

"Prepubescent sexual assault survivor" means a female who is under the age of 18 years and has not had a first menstrual cycle or a male who is under the age of 18 years and has not started to develop secondary sex characteristics who presents for medical forensic services in relation to injuries or trauma resulting from a sexual assault.

"Qualified medical provider" means a board-certified child abuse pediatrician, board-eligible child abuse pediatrician, a sexual assault forensic examiner, or a sexual assault nurse examiner who has access to photo documentation tools, and who participates in peer review.

"Registered Professional Nurse" has the meaning provided in Section 50-10 of the Nurse Practice Act.

"Sexual assault" means:

(1) an act of ~~nonconsensual~~ sexual conduct ; as used in this paragraph, "sexual conduct" has the meaning provided under Section 11-0.1 of the Criminal Code of 2012; or

(2) any act of sexual penetration; as used in this paragraph, "sexual penetration" has the meaning provided under Section 11-0.1 of the Criminal Code of 2012 and includes, ~~or sexual penetration, as defined in Section 11-0.1 of the Criminal Code of 2012, including,~~ without limitation, acts prohibited under Sections 11-1.20 through 11-1.60 of the

Criminal Code of 2012.

"Sexual assault forensic examiner" means a physician or physician assistant who has completed training that meets or is substantially similar to the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

"Sexual assault nurse examiner" means an advanced practice registered nurse or registered professional nurse who has completed a sexual assault nurse examiner training program that meets the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

"Sexual assault services voucher" means a document generated by a hospital or approved pediatric health care facility at the time the sexual assault survivor receives outpatient medical forensic services that may be used to seek payment for any ambulance services, medical forensic services, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault.

"Sexual assault survivor" means a person who presents for ~~medical forensic hospital emergency~~ services in relation to injuries or trauma resulting from a sexual assault.

"Sexual assault transfer plan" means a written plan developed by a hospital and approved by the Department, which describes the hospital's procedures for transferring sexual assault survivors to another hospital, ~~and an approved pediatric health care facility, if applicable,~~ in order to receive medical forensic services emergency treatment.

"Sexual assault treatment plan" means a written plan developed by a hospital that describes the hospital's procedures and protocols for providing ~~medical hospital emergency services and~~ forensic services to sexual assault survivors who present themselves for such services, either directly or through transfer from ~~a another hospital or an approved pediatric health care facility.~~

"Transfer hospital" means a hospital with a sexual assault transfer plan approved by the Department.

"Transfer services" means the appropriate medical screening examination and necessary stabilizing treatment prior to the transfer of a sexual assault survivor to a hospital ~~or an approved pediatric health care facility~~ that provides ~~medical hospital emergency services and~~ forensic services to sexual assault survivors pursuant to a sexual assault treatment plan or areawide sexual assault treatment plan.

"Treatment hospital" means a hospital ~~with a sexual assault treatment plan approved by the Department~~ to provide medical forensic services to all sexual assault survivors who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days.

"Treatment hospital with approved pediatric transfer" means a hospital with a treatment plan approved by the Department to provide medical forensic services to sexual assault survivors 13 years old or older who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days.

"Voucher" means a document generated by a hospital at the time the sexual assault survivor receives hospital emergency and forensic services that a sexual assault survivor may present to providers for follow-up healthcare.

(Source: P.A. 99-454, eff. 1-1-16; 99-801, eff. 1-1-17; 100-513, eff. 1-1-18.)

(410 ILCS 70/2) (from Ch. 111 1/2, par. 87-2)

Sec. 2. Hospital and approved pediatric health care facility requirements for sexual assault plans.

(a) Every hospital required to be licensed by the Department pursuant to the Hospital Licensing Act, or approved under the University of Illinois Hospital Act that approved July 1, 1953, as now or hereafter amended, which provides general medical and surgical hospital services shall provide either (i) transfer services to all sexual assault survivors, ~~or (ii) medical hospital emergency services and forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, in accordance with rules and regulations adopted by the Department, to all sexual assault survivors who apply for either (i) transfer services or (ii) hospital emergency services and forensic services in relation to injuries or trauma resulting from the sexual assault.~~

In addition, every such hospital, regardless of whether or not a request is made for reimbursement, shall submit to the Department a plan to provide either (i) transfer services to all sexual assault survivors, ~~or (ii) medical hospital emergency services and forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older.~~ Such plan shall be submitted within 60 days after receipt of the Department's request for this plan, to the Department for approval prior to such plan becoming effective. The Department shall approve such plan for either (i) transfer services to all sexual assault survivors, ~~or (ii) medical hospital emergency services and forensic services to all sexual assault survivors, or (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older,~~ if it finds that the implementation of the proposed plan would provide adequate (i) transfer services or (ii) ~~medical hospital emergency services and forensic services for sexual assault survivors in accordance with the requirements of this Act~~ and provide sufficient protections from the risk of pregnancy to sexual assault survivors.

The Department may not approve a sexual assault transfer plan unless a treatment hospital has agreed, as a part of an areawide treatment plan, to accept sexual assault survivors from the proposed transfer hospital and a transfer to the treatment hospital would not unduly burden the sexual assault survivor.

In counties with a population of less than 1,000,000, the Department may not approve a sexual assault transfer plan for a hospital located within a 20-mile radius of a 4-year public university, not including community colleges, unless there is a treatment hospital with a sexual assault treatment plan approved by the Department within a 20-mile radius of the 4-year public university.

A transfer must be in accordance with federal and State laws and local ordinances.

A treatment hospital with approved pediatric transfer must submit an areawide treatment plan under Section 3 of this Act that includes a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to pediatric sexual assault survivors transferred from the treatment hospital with approved pediatric transfer. The areawide treatment plan may also include an approved pediatric health care facility.

A transfer hospital must submit an areawide treatment plan under Section 3 of this Act that includes a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to all sexual assault survivors transferred from the transfer hospital. The areawide treatment plan may also include an approved pediatric health care facility.

Beginning January 1, 2019, each treatment hospital and treatment hospital with approved pediatric transfer shall ensure that emergency department attending physicians, physician assistants, advanced practice registered nurses, and registered professional nurses providing clinical services, who do not meet the definition of a qualified medical provider in Section 1a of this Act, receive a minimum of 2 hours of sexual assault training by July 1, 2020 or until the treatment hospital or treatment hospital with approved pediatric transfer certifies to the Department, in a form and manner prescribed by the Department, that it employs or contracts with a qualified medical provider in accordance with subsection (a-7) of Section 5, whichever occurs first.

After July 1, 2020 or once a treatment hospital or a treatment hospital with approved pediatric transfer certifies compliance with subsection (a-7) of Section 5, whichever occurs first, each treatment hospital and treatment hospital with approved pediatric transfer shall ensure that emergency department attending physicians, physician assistants, advanced practice registered nurses, and registered professional nurses providing clinical services, who do not meet the definition of a qualified medical provider in Section 1a of this Act, receive a minimum of 2 hours of continuing education on responding to sexual assault survivors every 2 years. Protocols for training shall be included in the hospital's sexual assault treatment plan.

[May 17, 2018]

Sexual assault training provided under this subsection may be provided in person or online and shall include, but not be limited to:

- (1) information provided on the provision of medical forensic services;
- (2) information on the use of the Illinois Sexual Assault Evidence Collection Kit;
- (3) information on sexual assault epidemiology, neurobiology of trauma, drug-facilitated sexual assault, child sexual abuse, and Illinois sexual assault-related laws; and
- (4) information on the hospital's sexual assault-related policies and procedures.

The online training made available by the Office of the Attorney General under subsection (b) of Section 10 may be used to comply with this subsection.

(b) An approved pediatric health care facility may provide medical forensic services, in accordance with rules adopted by the Department, to all pediatric sexual assault survivors who present for medical forensic services in relation to injuries or trauma resulting from a sexual assault. These services shall be provided by a qualified medical provider.

A pediatric health care facility must participate in or submit an areawide treatment plan under Section 3 of this Act that includes a treatment hospital. If a pediatric health care facility does not provide certain medical or surgical services that are provided by hospitals, the areawide sexual assault treatment plan must include a procedure for ensuring a sexual assault survivor in need of such medical or surgical services receives the services at the treatment hospital. The areawide treatment plan may also include a treatment hospital with approved pediatric transfer.

The Department shall review a proposed sexual assault treatment plan submitted by a pediatric health care facility within 60 days after receipt of the plan. If the Department finds that the proposed plan meets the minimum requirements set forth in Section 5 of this Act and that implementation of the proposed plan would provide medical forensic services for pediatric sexual assault survivors, then the Department shall approve the plan. If the Department does not approve a plan, then the Department shall notify the pediatric health care facility that the proposed plan has not been approved. The pediatric health care facility shall have 30 days to submit a revised plan. The Department shall review the revised plan within 30 days after receipt of the plan and notify the pediatric health care facility whether the revised plan is approved or rejected. A pediatric health care facility may not provide medical forensic services to pediatric sexual assault survivors who present with a complaint of sexual assault within a minimum of the last 7 days or who have disclosed past sexual assault by a specific individual and were in the care of that individual within a minimum of the last 7 days until the Department has approved a treatment plan.

If an approved pediatric health care facility is not open 24 hours a day, 7 days a week, it shall post signage at each public entrance to its facility that:

- (1) is at least 14 inches by 14 inches in size;
- (2) directs those seeking services as follows: "If closed, call 911 for services or go to the closest hospital emergency department, (insert name) located at (insert address).";
- (3) lists the approved pediatric health care facility's hours of operation;
- (4) lists the street address of the building;
- (5) has a black background with white bold capital lettering in a clear and easy to read font that is at least 72-point type, and with "call 911" in at least 125-point type;
- (6) is posted clearly and conspicuously on or adjacent to the door at each entrance and, if building materials allow, is posted internally for viewing through glass; if posted externally, the sign shall be made of weather-resistant and theft-resistant materials, non-removable, and adhered permanently to the building; and
- (7) has lighting that is part of the sign itself or is lit with a dedicated light that fully illuminates the sign.

A copy of the proposed sign must be submitted to the Department and approved as part of the approved pediatric health care facility's sexual assault treatment plan.

(c) Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility must enter into a memorandum of understanding with a rape crisis center for medical advocacy services, if these services are available to the treatment hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the collection for forensic evidence.

(d) Every treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility's sexual assault treatment plan shall include procedures for complying with mandatory reporting requirements pursuant to (1) the Abused and Neglected Child Reporting Act; (2) the Abused and Neglected Long Term Care Facility Residents Reporting Act; (3) the Adult Protective Services Act; and (iv) the Criminal Identification Act.

(e) Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility shall submit to the Department every 6 months, in a manner prescribed by the Department, the following information:

(1) The total number of patients who presented with a complaint of sexual assault.

(2) The total number of Illinois Sexual Assault Evidence Collection Kits:

(A) offered to (i) all sexual assault survivors and (ii) pediatric sexual assault survivors pursuant to paragraph (1.5) of subsection (a-5) of Section 5;

(B) completed for (i) all sexual assault survivors and (ii) pediatric sexual assault survivors; and

(C) declined by (i) all sexual assault survivors and (ii) pediatric sexual assault survivors.

This information shall be made available on the Department's website.

~~The Department shall periodically conduct on-site reviews of such approved plans with hospital personnel to insure that the established procedures are being followed.~~

~~On January 1, 2007, and each January 1 thereafter, the Department shall submit a report to the General Assembly containing information on the hospitals in this State that have submitted a plan to provide either (i) transfer services or (ii) hospital emergency services and forensic services to sexual assault survivors. The Department shall post on its Internet website the report required in this Section. The report shall include all of the following:~~

~~(1) A list of all hospitals that have submitted a plan.~~

~~(2) A list of hospitals whose plans have been found by the Department to be in compliance with this Act.~~

~~(3) A list of hospitals that have failed to submit an acceptable Plan of Correction within the time required by Section 2.1 of this Act.~~

~~(4) A list of hospitals at which the periodic site review required by this Act has been conducted.~~

~~When a hospital listed as noncompliant under item (3) of this Section submits and implements the required Plan of Correction, the Department shall immediately update the report on its Internet website to reflect that hospital's compliance.~~

~~(Source: P.A. 94-762, eff. 5-12-06; 95-432, eff. 1-1-08.)~~

~~(410 ILCS 70/2.05 new)~~

Sec. 2.05. Department requirements.

(a) The Department shall periodically conduct on-site reviews of approved sexual assault treatment plans with hospital and approved pediatric health care facility personnel to ensure that the established procedures are being followed. Department personnel conducting the on-site reviews shall attend 4 hours of sexual assault training conducted by a qualified medical provider that includes, but is not limited to, forensic evidence collection provided to sexual assault survivors of any age and Illinois sexual assault-related laws and administrative rules.

(b) On July 1, 2019 and each July 1 thereafter, the Department shall submit a report to the General Assembly containing information on the hospitals and pediatric health care facilities in this State that have submitted a plan to provide: (i) transfer services to all sexual assault survivors, (ii) medical forensic services to all sexual assault survivors, (iii) transfer services to pediatric sexual assault survivors and medical forensic services to sexual assault survivors 13 years old or older, or (iv) medical forensic services to pediatric sexual assault survivors. The Department shall post the report on its Internet website on or before October 1, 2019 and, except as otherwise provided in this Section, update the report every quarter thereafter. The report shall include all of the following:

(1) Each hospital and pediatric care facility that has submitted a plan, including the submission date of the plan, type of plan submitted, and the date the plan was approved or denied. If a pediatric health care facility withdraws its plan, the Department shall immediately update the report on its Internet website to remove the pediatric health care facility's name and information.

(2) Each hospital that has failed to submit a plan as required in subsection (a) of Section 2.

(3) Each hospital and approved pediatric care facility that has to submit an acceptable Plan of Correction within the time required by Section 2.1, including the date the Plan of Correction was required to be submitted. Once a hospital or approved pediatric health care facility submits and implements the required Plan of Correction, the Department shall immediately update the report on its Internet website to reflect that hospital or approved pediatric health care facility's compliance.

(4) Each hospital and approved pediatric care facility at which the periodic on-site review required by Section 2.05 of this Act has been conducted, including the date of the on-site review and whether the hospital or approved pediatric care facility was found to be in compliance with its approved plan.

(5) Each areawide treatment plan submitted to the Department pursuant to Section 3 of this Act, including which treatment hospitals, treatment hospitals with approved pediatric transfer, transfer hospitals and approved pediatric health care facilities are identified in each areawide treatment plan.

(c) The Department, in consultation with the Office of the Attorney General, shall adopt administrative rules by January 1, 2020 establishing a process for physicians and physician assistants to provide documentation of training and clinical experience that meets or is substantially similar to the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses in order to qualify as a sexual assault forensic examiner.

(410 ILCS 70/2.06 new)

Sec. 2.06. Consent to jurisdiction. A pediatric health care facility that submits a plan to the Department for approval under Section 2 or an out-of-state hospital that submits an areawide treatment plan in accordance with subsection (b) of Section 5.4 consents to the jurisdiction and oversight of the Department, including, but not limited to, inspections, investigations, and evaluations arising out of complaints relevant to this Act made to the Department. A pediatric health care facility that submits a plan to the Department for approval under Section 2 or an out-of-state hospital that submits an areawide treatment plan in accordance with subsection (b) of Section 5.4 shall be deemed to have given consent to annual inspections, surveys, or evaluations relevant to this Act by properly identified personnel of the Department or by such other properly identified persons, including local health department staff, as the Department may designate. In addition, representatives of the Department shall have access to and may reproduce or photocopy any books, records, and other documents maintained by the pediatric health care facility or the facility's representatives or the out-of-state hospital or the out-of-state hospital's representative to the extent necessary to carry out this Act. No representative, agent, or person acting on behalf of the pediatric health care facility or out-of-state hospital in any manner shall intentionally prevent, interfere with, or attempt to impede in any way any duly authorized investigation and enforcement of this Act. The Department shall have the power to adopt rules to carry out the purpose of regulating a pediatric health care facility or out-of-state hospital. In carrying out oversight of a pediatric health care facility or an out-of-state hospital, the Department shall respect the confidentiality of all patient records, including by complying with the patient record confidentiality requirements set out in Section 6.14b of the Hospital Licensing Act.

(410 ILCS 70/2.1) (from Ch. 111 1/2, par. 87-2.1)

Sec. 2.1. Plan of correction; penalties.

(a) If the Department surveyor determines that the hospital or approved pediatric health care facility is not in compliance with its approved plan, the surveyor shall provide the hospital or approved pediatric health care facility with a written list of the specific items of noncompliance within 10 working days after the conclusion of the on site review. The hospital shall have 10 working days to submit to the Department a plan of correction which contains the hospital's or approved pediatric health care facility's specific proposals for correcting the items of noncompliance. The Department shall review the plan of correction and notify the hospital in writing within 10 working days as to whether the plan is acceptable or unacceptable.

If the Department finds the Plan of Correction unacceptable, the hospital or approved pediatric health care facility shall have 10 working days to resubmit an acceptable Plan of Correction. Upon notification that its Plan of Correction is acceptable, a hospital or approved pediatric health care facility shall implement the Plan of Correction within 60 days.

(b) The failure of a hospital to submit an acceptable Plan of Correction or to implement the Plan of Correction, within the time frames required in this Section, will subject a hospital to the imposition of a fine by the Department. The Department may impose a fine of up to \$500 per day until a hospital complies with the requirements of this Section.

If an approved pediatric health care facility fails to submit an acceptable Plan of Correction or to implement the Plan of Correction within the time frames required in this Section, then the Department shall notify the approved pediatric health care facility that the approved pediatric health care facility may not provide medical forensic services under this Act. The Department may impose a fine of up to \$500 per patient provided services in violation of this Act.

(c) Before imposing a fine pursuant to this Section, the Department shall provide the hospital or approved pediatric health care facility via certified mail with written notice and an opportunity for an administrative hearing. Such hearing must be requested within 10 working days after receipt of the Department's Notice. All hearings shall be conducted in accordance with the Department's rules in administrative hearings.

(Source: P.A. 94-762, eff. 5-12-06; 95-432, eff. 1-1-08.)

(410 ILCS 70/2.2)

Sec. 2.2. Emergency contraception.

(a) The General Assembly finds:

(1) Crimes of sexual assault and sexual abuse cause significant physical, emotional,

and psychological trauma to the victims. This trauma is compounded by a victim's fear of becoming pregnant and bearing a child as a result of the sexual assault.

(2) Each year over 32,000 women become pregnant in the United States as the result of rape and approximately 50% of these pregnancies end in abortion.

(3) As approved for use by the Federal Food and Drug Administration (FDA), emergency contraception can significantly reduce the risk of pregnancy if taken within 72 hours after the sexual assault.

(4) By providing emergency contraception to rape victims in a timely manner, the trauma of rape can be significantly reduced.

~~(b) Every~~ Within 120 days after the effective date of this amendatory Act of the 92nd General Assembly, every hospital or approved pediatric health care facility providing services to sexual assault survivors in accordance with a plan approved under Section 2 must develop a protocol that ensures that each survivor of sexual assault will receive medically and factually accurate and written and oral information about emergency contraception; the indications and contraindications ~~counter-indications~~ and risks associated with the use of emergency contraception; and a description of how and when victims may be provided emergency contraception at no cost upon the written order of a physician licensed to practice medicine in all its branches, a licensed advanced practice registered nurse, or a licensed physician assistant. The Department shall approve the protocol if it finds that the implementation of the protocol would provide sufficient protection for survivors of sexual assault.

The hospital or approved pediatric health care facility shall implement the protocol upon approval by the Department. The Department shall adopt rules and regulations establishing one or more safe harbor protocols and setting minimum acceptable protocol standards that hospitals may develop and implement. The Department shall approve any protocol that meets those standards. The Department may provide a sample acceptable protocol upon request.

(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

(410 ILCS 70/3) (from Ch. 111 1/2, par. 87-3)

Sec. 3. Areawide sexual assault treatment plans; submission. Hospitals and approved pediatric health care facilities in the area to be served may develop and participate in areawide plans that shall describe the medical hospital emergency services and forensic services to sexual assault survivors that each participating hospital and approved pediatric health care facility has agreed to make available. Each hospital and approved pediatric health care facility participating in such a plan shall provide such services as it is designated to provide in the plan agreed upon by the participants. An areawide plan ~~Areawide plans~~ may include treatment hospitals, treatment hospitals with approved pediatric transfer, transfer hospitals, approved pediatric health care facilities, or out-of-state hospitals as provided in Section 5.4 ~~hospital transfer plans~~. All areawide plans shall be submitted to the Department for approval, prior to becoming effective. The Department shall approve a proposed plan if it finds that the minimum requirements set forth in Section 5 and implementation of the plan would provide for appropriate medical hospital emergency services and forensic services for the people of the area to be served.

(Source: P.A. 95-432, eff. 1-1-08.)

(410 ILCS 70/5) (from Ch. 111 1/2, par. 87-5)

Sec. 5. Minimum requirements for medical forensic services provided to sexual assault survivors by hospitals and approved pediatric health care facilities ~~providing hospital emergency services and forensic services to sexual assault survivors.~~

(a) Every hospital and approved pediatric health care facility providing medical hospital emergency services and forensic services to sexual assault survivors under this Act shall, as minimum requirements for such services, provide, with the consent of the sexual assault survivor, and as ordered by the attending physician, an advanced practice registered nurse, or a physician assistant, the services set forth in subsection (a-5), following:

Beginning January 1, 2022, a qualified medical provider must provide the services set forth in subsection (a-5).

(a-5) A treatment hospital, a treatment hospital with approved pediatric transfer, or an approved pediatric health care facility shall provide the following services in accordance with subsection (a):

(1) Appropriate ~~appropriate~~ medical forensic services without delay, in a private, age-appropriate or developmentally-appropriate space, examinations and laboratory tests required to ensure the health, safety, and welfare of a sexual assault

survivor and of which may be used as evidence in a criminal proceeding against a person accused of the sexual assault, in a proceeding under the Juvenile Court Act of 1987, or in an investigation under the Abused and Neglected Child Reporting Act, or both; and records of the results of such examinations

and tests shall be maintained by the hospital and made available to law enforcement officials upon the request of the sexual assault survivor;

Records of medical forensic services, including results of examinations and tests, the Illinois State Police Medical Forensic Documentation Forms, the Illinois State Police Patient Discharge Materials, and the Illinois State Police Patient Consent: Collect and Test Evidence or Collect and Hold Evidence Form, shall be maintained by the hospital or approved pediatric health care facility as part of the patient's electronic medical record.

Records of medical forensic services of sexual assault survivors under the age of 18 shall be retained by the hospital for a period of 60 years after the sexual assault survivor reaches the age of 18. Records of medical forensic services of sexual assault survivors 18 years of age or older shall be retained by the hospital for a period of 20 years after the date the record was created.

Records of medical forensic services may only be disseminated in accordance with Section 6.5 of this Act and other State and federal law.

(1.5) An offer to complete the Illinois Sexual Assault Evidence Collection Kit for any sexual assault survivor who presents within a minimum of the last 7 days of the assault or who has disclosed past sexual assault by a specific individual and was in the care of that individual within a minimum of the last 7 days.

(A) Appropriate oral and written information concerning evidence-based guidelines for the appropriateness of evidence collection depending on the sexual development of the sexual assault survivor, the type of sexual assault, and the timing of the sexual assault shall be provided to the sexual assault survivor. Evidence collection is encouraged for prepubescent sexual assault survivors who present to a hospital or approved pediatric health care facility with a complaint of sexual assault within a minimum of 96 hours after the sexual assault.

Before January 1, 2022, the information required under this subparagraph shall be provided in person by the health care professional providing medical forensic services directly to the sexual assault survivor.

On and after January 1, 2022, the information required under this subparagraph shall be provided in person by the qualified medical provider providing medical forensic services directly to the sexual assault survivor.

The written information provided shall be the information created in accordance with Section 10 of this Act.

(B) Following the discussion regarding the evidence-based guidelines for evidence collection in accordance with subparagraph (A), evidence collection must be completed at the sexual assault survivor's request. A sexual assault nurse examiner conducting an examination using the Illinois State Police Sexual Assault Evidence Collection Kit may do so without the presence or participation of a physician.

(2) Appropriate appropriate oral and written information concerning the possibility of infection, sexually

transmitted infection, including an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from sexual assault, disease and pregnancy resulting from sexual assault

(3) Appropriate appropriate oral and written information concerning accepted medical procedures, laboratory tests, medication,

and possible contraindications of such medication available for the prevention or treatment of infection or disease resulting from sexual assault;

(4) An an amount of medication , including HIV prophylaxis, for treatment at the hospital or approved pediatric health care facility and after discharge as is

deemed appropriate by the attending physician, an advanced practice registered nurse, or a physician assistant in accordance with the Centers for Disease Control and Prevention guidelines and consistent with the hospital's or approved pediatric health care facility's current approved protocol for sexual assault survivors;

(5) Photo documentation of the sexual assault survivor's injuries, anatomy involved in the assault, or other visible evidence on the sexual assault survivor's body to supplement the medical forensic history and written documentation of physical findings and evidence beginning July 1, 2019. Photo documentation does not replace written documentation of the injury. an evaluation of the sexual assault survivor's risk of contracting human immunodeficiency virus (HIV) from the sexual assault;

(6) Written ~~written~~ and oral instructions indicating the need for follow-up examinations and laboratory

tests after the sexual assault to determine the presence or absence of sexually transmitted infection, disease;

(7) Referral referral by hospital or approved pediatric health care facility personnel for appropriate counseling, and

(8) Medical advocacy services provided by a rape crisis counselor whose communications are protected under Section 8-802.1 of the Code of Civil Procedure, if there is a memorandum of understanding between the hospital or approved pediatric health care facility and a rape crisis center. With the consent of the sexual assault survivor, a rape crisis counselor shall remain in the exam room during the medical forensic examination, when HIV prophylaxis is deemed appropriate, an initial dose or doses of HIV prophylaxis, along with written and oral instructions indicating the importance of timely follow-up healthcare.

(9) Written information regarding services provided by a Children's Advocacy Center and rape crisis center, if applicable.

(a-7) By January 1, 2022, every hospital with a treatment plan approved by the Department shall employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the treatment hospital or treatment hospital with approved pediatric transfer. The provision of medical forensic services by a qualified medical provider shall not delay the provision of life-saving medical care.

(b) Any person who is a sexual assault survivor who seeks medical emergency hospital services and forensic services or follow-up healthcare under this Act shall be provided such services without the consent of any parent, guardian, custodian, surrogate, or agent. If a sexual assault survivor is unable to consent to medical forensic services, the services may be provided under the Consent by Minors to Medical Procedures Act, the Health Care Surrogate Act, or other applicable State and federal laws.

(b-5) Every treating hospital or approved pediatric health care facility providing medical hospital emergency and forensic services to sexual assault survivors shall issue a voucher to any sexual assault survivor who is eligible to receive one in accordance with Section 5.2 of this Act. The hospital shall make a copy of the voucher and place it in the medical record of the sexual assault survivor. The hospital shall provide a copy of the voucher to the sexual assault survivor after discharge upon request.

(c) Nothing in this Section creates a physician-patient relationship that extends beyond discharge from the hospital or approved pediatric health care facility emergency department.

(Source: P.A. 99-173, eff. 7-29-15; 99-454, eff. 1-1-16; 99-642, eff. 7-28-16; 100-513, eff. 1-1-18.)

(410 ILCS 70/5.1 new)

Sec. 5.1. Storage, retention, and dissemination of photo documentation relating to medical forensic services. Photo documentation taken during a medical forensic examination shall be maintained by the hospital or approved pediatric health care facility as part of the patient's medical record.

Photo documentation shall be stored and backed up securely in its original file format in accordance with facility protocol. The facility protocol shall require limited access to the images and be included in the sexual assault treatment plan submitted to the Department.

Photo documentation of a sexual assault survivor under the age of 18 shall be retained for a period of 60 years after the sexual assault survivor reaches the age of 18. Photo documentation of a sexual assault survivor 18 years of age or older shall be retained for a period of 20 years after the record was created.

Photo documentation of the sexual assault survivor's injuries, anatomy involved in the assault, or other visible evidence on the sexual assault survivor's body may be used for peer review, expert second opinion, or in a criminal proceeding against a person accused of sexual assault, a proceeding under the Juvenile Court Act of 1987, or in an investigation under the Abused and Neglected Child Reporting Act. Any dissemination of photo documentation, including for peer review, an expert second opinion, or in any court or administrative proceeding or investigation, must be in accordance with State and federal law.

(410 ILCS 70/5.2 new)

Sec. 5.2. Sexual assault services voucher.

(a) A sexual assault services voucher shall be issued by a treatment hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility at the time a sexual assault survivor receives medical forensic services.

(b) Each treatment hospital, treatment hospital with approved pediatric transfer, and approved pediatric health care facility must include in its sexual assault treatment plan submitted to the Department in accordance with Section 2 of this Act a protocol for issuing sexual assault services vouchers. The protocol shall, at a minimum, include the following:

(1) Identification of employee positions responsible for issuing sexual assault services vouchers.

(2) Identification of employee positions with access to the Medical Electronic Data Interchange or successor system.

(3) A statement to be signed by each employee of an approved pediatric health care facility with access to the Medical Electronic Data Interchange or successor system affirming that the Medical

Electronic Data Interchange or successor system will only be used for the purpose of issuing sexual assault services vouchers.

(c) A sexual assault services voucher may be used to seek payment for any ambulance services, medical forensic services, laboratory services, pharmacy services, and follow-up healthcare provided as a result of the sexual assault.

(d) Any treatment hospital, treatment hospital with approved pediatric transfer, approved pediatric health care facility, health care professional, ambulance provider, laboratory, or pharmacy may submit a bill for services provided to a sexual assault survivor as a result of a sexual assault to the Department of Healthcare and Family Services Sexual Assault Emergency Treatment Program. The bill shall include:

- (1) the name and date of birth of the sexual assault survivor;
- (2) the service provided;
- (3) the charge of service;
- (4) the date the service was provided; and
- (5) the recipient identification number, if known.

A health care professional, ambulance provider, laboratory, or pharmacy is not required to submit a copy of the sexual assault services voucher.

The Department of Healthcare and Family Services Sexual Assault Emergency Treatment Program shall electronically verify, using the Medical Electronic Data Interchange or a successor system, that a sexual assault services voucher was issued to a sexual assault survivor prior to issuing payment for the services.

If a sexual assault services voucher was not issued to a sexual assault survivor by the treatment hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility, then a health care professional, ambulance provider, laboratory, or pharmacy may submit a request to the Department of Healthcare and Family Services Sexual Assault Emergency Treatment Program to issue a sexual assault services voucher.

(410 ILCS 70/5.3 new)

Sec. 5.3. Pediatric sexual assault care.

(a) The General Assembly finds:

(1) Pediatric sexual assault survivors can suffer from a wide range of health problems across their life span. In addition to immediate health issues, such as sexually transmitted infections, physical injuries, and psychological trauma, child sexual abuse victims are at greater risk for a plethora of adverse psychological and somatic problems into adulthood in contrast to those who were not sexually abused.

(2) Sexual abuse against the pediatric population is distinct, particularly due to their dependence on their caregivers and the ability of perpetrators to manipulate and silence them (especially when the perpetrators are family members or other adults trusted by, or with power over, children). Sexual abuse is often hidden by perpetrators, unwitnessed by others, and may leave no obvious physical signs on child victims.

(3) Pediatric sexual assault survivors throughout the State should have access to qualified medical providers who have received specialized training regarding the care of pediatric sexual assault survivors within a reasonable distance from their home.

(4) There is a need in Illinois to increase the number of qualified medical providers available to provide medical forensic services to pediatric sexual assault survivors.

(b) If a medically stable pediatric sexual assault survivor presents at a transfer hospital or treatment hospital with approved pediatric transfer that has a plan approved by the Department requesting medical forensic services, then the hospital emergency department staff shall contact an approved pediatric health care facility, if one is designated in the hospital's plan.

If the transferring hospital confirms that medical forensic services can be initiated within 90 minutes of the patient's arrival at the approved pediatric health care facility following an immediate transfer, then the hospital emergency department staff shall notify the patient and non-offending parent or legal guardian that the patient will be transferred for medical forensic services and shall provide the patient and non-offending parent or legal guardian the option of being transferred to the approved pediatric health care facility or the treatment hospital designated in the hospital's plan. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.

If medical forensic services cannot be initiated within 90 minutes of the patient's arrival at the approved pediatric health care facility, there is no approved pediatric health care facility designated in the hospital's plan, or the patient or non-offending parent or legal guardian chooses to be transferred to a treatment hospital, the hospital emergency department staff shall contact a treatment hospital designated in the hospital's plan to arrange for the transfer of the patient to the treatment hospital for medical forensic services, which are to be initiated within 90 minutes of the patient's arrival at the treatment hospital. The treatment hospital shall provide medical forensic services and may not transfer the patient to another

facility. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.

(c) If a medically stable pediatric sexual assault survivor presents at a treatment hospital that has a plan approved by the Department requesting medical forensic services, then the hospital emergency department staff shall contact an approved pediatric health care facility, if one is designated in the treatment hospital's areawide treatment plan.

If medical forensic services can be initiated within 90 minutes after the patient's arrival at the approved pediatric health care facility following an immediate transfer, the hospital emergency department staff shall provide the patient and non-offending parent or legal guardian the option of having medical forensic services performed at the treatment hospital or at the approved pediatric health care facility. If the patient or non-offending parent or legal guardian chooses to be transferred, the pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.

If medical forensic services cannot be initiated within 90 minutes after the patient's arrival to the approved pediatric health care facility, there is no approved pediatric health care facility designated in the hospital's plan, or the patient or non-offending parent or legal guardian chooses not to be transferred, the hospital shall provide medical forensic services to the patient.

(d) If a pediatric sexual assault survivor presents at an approved pediatric health care facility requesting medical forensic services or the facility is contacted by law enforcement or the Department of Children and Family Services requesting medical forensic services for a pediatric sexual assault survivor, the services shall be provided at the facility if the medical forensic services can be initiated within 90 minutes after the patient's arrival at the facility. If medical forensic services cannot be initiated within 90 minutes after the patient's arrival at the facility, then the patient shall be transferred to a treatment hospital designated in the approved pediatric health care facility's plan for medical forensic services. The pediatric sexual assault survivor may be transported by ambulance, law enforcement, or personal vehicle.

(410 ILCS 70/5.4 new)

Sec. 5.4. Out-of-state hospitals.

(a) Nothing in this Section shall prohibit the transfer of a patient in need of medical services from a hospital that has been designated as a trauma center by the Department in accordance with Section 3.90 of the Emergency Medical Services (EMS) Systems Act.

(b) A transfer hospital, treatment hospital with approved pediatric transfer, or approved pediatric health care facility may transfer a sexual assault survivor to an out-of-state hospital that has been designated as a trauma center by the Department under Section 3.90 of the Emergency Medical Services (EMS) Systems Act if the out-of-state hospital: (1) submits an areawide treatment plan approved by the Department; and (2) has certified the following to the Department in a form and manner prescribed by the Department that the out-of-state hospital will:

(i) consent to the jurisdiction of the Department in accordance with Section 2.06 of this Act;

(ii) comply with all requirements of this Act applicable to treatment hospitals, including, but not limited to, offering evidence collection to any Illinois sexual assault survivor who presents with a complaint of sexual assault within a minimum of the last 7 days or who has disclosed past sexual assault by a specific individual and was in the care of that individual within a minimum of the last 7 days and not billing the sexual assault survivor for medical forensic services or 90 days of follow-up healthcare;

(iii) use an Illinois State Police Sexual Assault Evidence Collection Kit to collect forensic evidence from an Illinois sexual assault survivor;

(iv) ensure its staff cooperates with Illinois law enforcement agencies and are responsive to subpoenas issued by Illinois courts; and

(v) provide appropriate transportation upon the completion of medical forensic services back to the transfer hospital or treatment hospital with pediatric transfer where the sexual assault survivor initially presented seeking medical forensic services, unless the sexual assault survivor chooses to arrange his or her own transportation.

(c) Subsection (b) of this Section is inoperative on and after January 1, 2024.

(410 ILCS 70/5.5)

Sec. 5.5. Minimum reimbursement requirements for follow-up healthcare.

(a) Every hospital, pediatric health care facility, health care professional, laboratory, or pharmacy that provides follow-up healthcare to a sexual assault survivor, with the consent of the sexual assault survivor and as ordered by the attending physician, an advanced practice registered nurse, or physician assistant shall be reimbursed for the follow-up healthcare services provided. Follow-up healthcare services include, but are not limited to, the following:

(1) a physical examination;

(2) laboratory tests to determine the presence or absence of sexually transmitted infection disease; and

(3) appropriate medications, including HIV prophylaxis, in accordance with the Centers for Disease Control and Prevention's guidelines.

(b) Reimbursable follow-up healthcare is limited to office visits with a physician, advanced practice registered nurse, or physician assistant within 90 days after an initial visit for hospital medical forensic emergency services.

(c) Nothing in this Section requires a hospital, pediatric health care facility, health care professional, laboratory, or pharmacy to provide follow-up healthcare to a sexual assault survivor.

(Source: P.A. 99-173, eff. 7-29-15; 100-513, eff. 1-1-18.)

(410 ILCS 70/6.1) (from Ch. 111 1/2, par. 87-6.1)

Sec. 6.1. Minimum standards. The Department shall prescribe minimum standards, rules, and regulations necessary to implement this Act and the changes made by this amendatory Act of the 100th General Assembly, which shall apply to every hospital required to be licensed by the Department that provides general medical and surgical hospital services and to every approved pediatric health care facility. Such standards shall include, but not be limited to, a uniform system for recording results of medical examinations and all diagnostic tests performed in connection therewith to determine the condition and necessary treatment of sexual assault survivors, which results shall be preserved in a confidential manner as part of the hospital's or approved pediatric health care facility's ~~hospital~~ record of the sexual assault survivor.

(Source: P.A. 95-432, eff. 1-1-08.)

(410 ILCS 70/6.2) (from Ch. 111 1/2, par. 87-6.2)

Sec. 6.2. Assistance and grants. The Department shall assist in the development and operation of programs which provide medical hospital-emergency services and forensic services to sexual assault survivors, and, where necessary, to provide grants to hospitals and approved pediatric health care facilities for this purpose.

(Source: P.A. 95-432, eff. 1-1-08.)

(410 ILCS 70/6.4) (from Ch. 111 1/2, par. 87-6.4)

Sec. 6.4. Sexual assault evidence collection program.

(a) There is created a statewide sexual assault evidence collection program to facilitate the prosecution of persons accused of sexual assault. This program shall be administered by the Illinois State Police. The program shall consist of the following: (1) distribution of sexual assault evidence collection kits which have been approved by the Illinois State Police to hospitals and approved pediatric health care facilities that request them, or arranging for such distribution by the manufacturer of the kits, (2) collection of the kits from hospitals and approved pediatric health care facilities after the kits have been used to collect evidence, (3) analysis of the collected evidence and conducting of laboratory tests, (4) maintaining the chain of custody and safekeeping of the evidence for use in a legal proceeding, and (5) the comparison of the collected evidence with the genetic marker grouping analysis information maintained by the Department of State Police under Section 5-4-3 of the Unified Code of Corrections and with the information contained in the Federal Bureau of Investigation's National DNA database; provided the amount and quality of genetic marker grouping results obtained from the evidence in the sexual assault case meets the requirements of both the Department of State Police and the Federal Bureau of Investigation's Combined DNA Index System (CODIS) policies. The standardized evidence collection kit for the State of Illinois shall be the Illinois State Police Sexual Assault Evidence Kit and shall include a written consent form authorizing law enforcement to test the sexual assault evidence and to provide law enforcement with details of the sexual assault.

(a-5) (Blank).

(b) The Illinois State Police shall administer a program to train ~~hospitals and hospital~~ and approved pediatric health care facility personnel participating in the sexual assault evidence collection program, in the correct use and application of the sexual assault evidence collection kits. ~~A sexual assault nurse examiner may conduct examinations using the sexual assault evidence collection kits, without the presence or participation of a physician.~~ The Department shall cooperate with the Illinois State Police in this program as it pertains to medical aspects of the evidence collection.

(c) (Blank). ~~In this Section, "sexual assault nurse examiner" means a registered nurse who has completed a sexual assault nurse examiner (SANE) training program that meets the Forensic Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.~~

(Source: P.A. 99-801, eff. 1-1-17.)

(410 ILCS 70/6.5)

Sec. 6.5. Written consent to the release of sexual assault evidence for testing.

(a) Upon the completion of ~~medical hospital emergency services and forensic services~~ and forensic services, the health care professional providing the medical forensic services shall provide the patient the opportunity to sign a written consent to allow law enforcement to submit the sexual assault evidence for testing, if collected. The written consent shall be on a form included in the sexual assault evidence collection kit and posted on the Illinois State Police website. The consent form shall include whether the survivor consents to the release of information about the sexual assault to law enforcement.

(1) A survivor 13 years of age or older may sign the written consent to release the evidence for testing.

(2) If the survivor is a minor who is under 13 years of age, the written consent to release the sexual assault evidence for testing may be signed by the parent, guardian, investigating law enforcement officer, or Department of Children and Family Services.

(3) If the survivor is an adult who has a guardian of the person, a health care surrogate, or an agent acting under a health care power of attorney, the consent of the guardian, surrogate, or agent is not required to release evidence and information concerning the sexual assault or sexual abuse. If the adult is unable to provide consent for the release of evidence and information and a guardian, surrogate, or agent under a health care power of attorney is unavailable or unwilling to release the information, then an investigating law enforcement officer may authorize the release.

(4) Any health care professional ~~or , including any physician, advanced practice registered nurse, physician assistant, or nurse, sexual assault nurse examiner, and any health care institution, including any hospital or approved pediatric health care facility~~, who

provides evidence or information to a law enforcement officer under a written consent as specified in this Section is immune from any civil or professional liability that might arise from those actions, with the exception of willful or wanton misconduct. The immunity provision applies only if all of the requirements of this Section are met.

(b) The hospital or approved pediatric health care facility shall keep a copy of a signed or unsigned written consent form in the patient's medical record.

(c) If a written consent to allow law enforcement to hold test the sexual assault evidence is ~~not~~ signed at the completion of ~~medical hospital emergency services and forensic services~~, the hospital or approved pediatric health care facility shall include the following information in its discharge instructions:

(1) the sexual assault evidence will be stored for 5 years from the completion of an Illinois State Police Sexual Assault Evidence Collection Kit, or 5 years from the age of 18 years, whichever is longer;

(2) a person authorized to consent to the testing of the sexual assault evidence may sign a written consent to allow law enforcement to test the sexual assault evidence at any time during that 5-year period for an adult victim, or until a minor victim turns 23 years of age by (A) contacting the law enforcement agency having jurisdiction, or if unknown, the law enforcement agency contacted by the hospital or approved pediatric health care facility under Section 3.2 of the Criminal Identification Act; or (B) by working with an advocate at a rape crisis center;

(3) the name, address, and phone number of the law enforcement agency having jurisdiction, or if unknown the name, address, and phone number of the law enforcement agency contacted by the hospital or approved pediatric health care facility under Section 3.2 of the Criminal Identification Act; and

(4) the name and phone number of a local rape crisis center.

(Source: P.A. 99-801, eff. 1-1-17; 100-513, eff. 1-1-18.)

(410 ILCS 70/6.6)

Sec. 6.6. Submission of sexual assault evidence.

(a) As soon as practicable, but in no event more than 4 hours after the completion of ~~medical hospital emergency services and forensic services~~ and forensic services, the hospital or approved pediatric health care facility shall make reasonable efforts to determine the law enforcement agency having jurisdiction where the sexual assault occurred, if sexual assault evidence was collected. The hospital or approved pediatric health care facility may obtain the name of the law enforcement agency with jurisdiction from the local law enforcement agency.

(b) Within 4 hours after the completion of ~~medical hospital emergency services and forensic services~~ and forensic services, the hospital or approved pediatric health care facility shall notify the law enforcement agency having jurisdiction that the hospital or approved pediatric health care facility is in possession of sexual assault evidence and the date and time the collection of evidence was completed. The hospital or approved pediatric health care facility shall document the notification in the patient's medical records and shall include the agency notified, the date and time of the notification and the name of the person who received the notification. This notification to the law enforcement agency having jurisdiction satisfies the hospital's

or approved pediatric health care facility's requirement to contact its local law enforcement agency under Section 3.2 of the Criminal Identification Act.

(c) If the law enforcement agency having jurisdiction has not taken physical custody of sexual assault evidence within 5 days of the first contact by the hospital or approved pediatric health care facility, the hospital or approved pediatric health care facility shall renotify the law enforcement agency having jurisdiction that the hospital or approved pediatric health care facility is in possession of sexual assault evidence and the date the sexual assault evidence was collected. The hospital or approved pediatric health care facility shall document the renotification in the patient's medical records and shall include the agency notified, the date and time of the notification and the name of the person who received the notification.

(d) If the law enforcement agency having jurisdiction has not taken physical custody of the sexual assault evidence within 10 days of the first contact by the hospital or approved pediatric health care facility and the hospital or approved pediatric health care facility has provided renotification under subsection (c) of this Section, the hospital or approved pediatric health care facility shall contact the State's Attorney of the county where the law enforcement agency having jurisdiction is located. The hospital or approved pediatric health care facility shall inform the State's Attorney that the hospital or approved pediatric health care facility is in possession of sexual assault evidence, the date the sexual assault evidence was collected, the law enforcement agency having jurisdiction, the dates, times and names of persons notified under subsections (b) and (c) of this Section. The notification shall be made within 14 days of the collection of the sexual assault evidence.

(Source: P.A. 99-801, eff. 1-1-17; 100-201, eff. 8-18-17.)

(410 ILCS 70/7) (from Ch. 111 1/2, par. 87-7)

Sec. 7. Reimbursement.

(a) A hospital, approved pediatric health care facility, or health care professional furnishing medical hospital emergency services or forensic services, an ambulance provider furnishing transportation to a sexual assault survivor, a hospital, health care professional, or laboratory providing follow-up healthcare, or a pharmacy dispensing prescribed medications to any sexual assault survivor shall furnish such services or medications to that person without charge and shall seek payment as follows:

(1) If a sexual assault survivor is eligible to receive benefits under the medical assistance program under Article V of the Illinois Public Aid Code, the ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy must submit the bill to the Department of Healthcare and Family Services or the appropriate Medicaid managed care organization and accept the amount paid as full payment.

(2) If a sexual assault survivor is covered by one or more policies of health insurance or is a beneficiary under a public or private health coverage program, the ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy shall bill the insurance company or program. With respect to such insured patients, applicable deductible, co-pay, co-insurance, denial of claim, or any other out-of-pocket insurance-related expense may be submitted to the Illinois Sexual Assault Emergency Treatment Program of the Department of Healthcare and Family Services in accordance with 89 Ill. Adm. Code 148.510 for payment at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code. The ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy shall accept the amounts paid by the insurance company or health coverage program and the Illinois Sexual Assault Treatment Program as full payment.

(3) If a sexual assault survivor is neither eligible to receive benefits under the medical assistance program under Article V of the Public Aid Code nor covered by a policy of insurance or a public or private health coverage program, the ambulance provider, hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy shall submit the request for reimbursement to the Illinois Sexual Assault Emergency Treatment Program under the Department of Healthcare and Family Services in accordance with 89 Ill. Adm. Code 148.510 at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code.

(4) If a sexual assault survivor presents a sexual assault services voucher for follow-up healthcare, the healthcare professional, pediatric health care facility, or laboratory that provides follow-up healthcare or the pharmacy that dispenses prescribed medications to a sexual assault survivor shall submit the request for reimbursement for follow-up healthcare, pediatric health care facility, laboratory, or pharmacy services to the Illinois Sexual Assault Emergency Treatment Program under the Department of Healthcare and Family Services in accordance with 89 Ill. Adm. Code 148.510 at the Department of Healthcare and Family Services' allowable rates under the Illinois Public Aid Code. Nothing in this

subsection (a) precludes hospitals or approved pediatric health care facilities from providing follow-up healthcare and receiving reimbursement under this Section.

(b) Nothing in this Section precludes a hospital, health care provider, ambulance provider, laboratory, or pharmacy from billing the sexual assault survivor or any applicable health insurance or coverage for inpatient services.

(c) (Blank).

(d) On and after July 1, 2012, the Department shall reduce any rate of reimbursement for services or other payments or alter any methodologies authorized by this Act or the Illinois Public Aid Code to reduce any rate of reimbursement for services or other payments in accordance with Section 5-5e of the Illinois Public Aid Code.

(e) The Department of Healthcare and Family Services shall establish standards, rules, and regulations to implement this Section.

(Source: P.A. 98-463, eff. 8-16-13; 99-454, eff. 1-1-16.)

(410 ILCS 70/7.5)

Sec. 7.5. Prohibition on billing sexual assault survivors directly for certain services; written notice; billing protocols.

(a) A hospital, approved pediatric health care facility, health care professional, ambulance provider, laboratory, or pharmacy furnishing medical hospital emergency services, forensic services, transportation, follow-up healthcare, or medication to a sexual assault survivor shall not:

(1) charge or submit a bill for any portion of the costs of the services,

transportation, or medications to the sexual assault survivor, including any insurance deductible, co-pay, co-insurance, denial of claim by an insurer, spenddown, or any other out-of-pocket expense;

(2) communicate with, harass, or intimidate the sexual assault survivor for payment of services, including, but not limited to, repeatedly calling or writing to the sexual assault survivor and threatening to refer the matter to a debt collection agency or to an attorney for collection, enforcement, or filing of other process;

(3) refer a bill to a collection agency or attorney for collection action against the sexual assault survivor;

(4) contact or distribute information to affect the sexual assault survivor's credit rating; or

(5) take any other action adverse to the sexual assault survivor or his or her family on account of providing services to the sexual assault survivor.

(b) Nothing in this Section precludes a hospital, health care provider, ambulance provider, laboratory, or pharmacy from billing the sexual assault survivor or any applicable health insurance or coverage for inpatient services.

(c) ~~Every~~ Within 60 days after the effective date of this amendatory Act of the 99th General Assembly, every hospital and approved pediatric health care facility providing treatment services to sexual assault survivors in accordance with a plan approved under Section 2 of this Act shall provide a written notice to a sexual assault survivor. The written notice must include, but is not limited to, the following:

(1) a statement that the sexual assault survivor should not be directly billed by any ambulance provider providing transportation services, or by any hospital, approved pediatric health care facility, health care professional, laboratory, or pharmacy for the services the sexual assault survivor received as an outpatient at the hospital or approved pediatric health care facility;

(2) a statement that a sexual assault survivor who is admitted to a hospital may be billed for inpatient services provided by a hospital, health care professional, laboratory, or pharmacy;

(3) a statement that prior to leaving the hospital or approved pediatric health care facility ~~emergency department of the treating facility~~, the hospital or approved pediatric health care facility ~~hospital~~ will give the sexual assault survivor a

sexual assault services voucher for follow-up healthcare if the sexual assault survivor is eligible to receive a sexual assault services voucher;

(4) the definition of "follow-up healthcare" as set forth in Section 1a of this Act;

(5) a phone number the sexual assault survivor may call should the sexual assault survivor receive a bill from the hospital or approved pediatric health care facility for medical hospital emergency services and forensic services;

(6) the toll-free phone number of the Office of the Illinois Attorney General, Crime Victim Services Division, which the sexual assault survivor may call should the sexual assault survivor receive a bill from an ambulance provider, approved pediatric health care facility, a health care professional, a laboratory, or a pharmacy.

This subsection (c) shall not apply to hospitals that provide transfer services as defined under Section 1a of this Act.

(d) Within 60 days after the effective date of this amendatory Act of the 99th General Assembly, every health care professional, except for those employed by a hospital or hospital affiliate, as defined in the Hospital Licensing Act, or those employed by a hospital operated under the University of Illinois Hospital Act, who bills separately for medical hospital emergency services or forensic services must develop a billing protocol that ensures that no survivor of sexual assault will be sent a bill for any medical hospital emergency services or forensic services and submit the billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval. Within 60 days after the commencement of the provision of medical forensic services, every health care professional, except for those employed by a hospital or hospital affiliate, as defined in the Hospital Licensing Act, or those employed by a hospital operated under the University of Illinois Hospital Act, who bills separately for medical or forensic services must develop a billing protocol that ensures that no survivor of sexual assault is sent a bill for any medical forensic services and submit the billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval. Health care professionals who bill as a legal entity may submit a single billing protocol for the billing entity.

Within 60 days after the Department's approval of a treatment plan, an approved pediatric health care facility and any health care professional employed by an approved pediatric health care facility must develop a billing protocol that ensures that no survivor of sexual assault is sent a bill for any medical forensic services and submit the billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval.

The billing protocol must include at a minimum:

(1) a description of training for persons who prepare bills for medical hospital emergency services and forensic services;

(2) a written acknowledgement signed by a person who has completed the training that the person will not bill survivors of sexual assault;

(3) prohibitions on submitting any bill for any portion of medical hospital emergency services or forensic services provided

to a survivor of sexual assault to a collection agency;

(4) prohibitions on taking any action that would adversely affect the credit of the survivor of sexual assault;

(5) the termination of all collection activities if the protocol is violated; and

(6) the actions to be taken if a bill is sent to a collection agency or the failure to pay is reported to any credit reporting agency.

The Crime Victim Services Division of the Office of the Attorney General may provide a sample acceptable billing protocol upon request.

The Office of the Attorney General shall approve a proposed protocol if it finds that the implementation of the protocol would result in no survivor of sexual assault being billed or sent a bill for medical hospital emergency services or forensic services.

If the Office of the Attorney General determines that implementation of the protocol could result in the billing of a survivor of sexual assault for medical hospital emergency services or forensic services, the Office of the Attorney General shall provide the health care professional or approved pediatric health care facility with a written statement of the deficiencies in the protocol. The health care professional or approved pediatric health care facility shall have 30 days to submit a revised billing protocol addressing the deficiencies to the Office of the Attorney General. The health care professional or approved pediatric health care facility shall implement the protocol upon approval by the Crime Victim Services Division of the Office of the Attorney General.

The health care professional or approved pediatric health care facility shall submit any proposed revision to or modification of an approved billing protocol to the Crime Victim Services Division of the Office of the Attorney General for approval. The health care professional or approved pediatric health care facility shall implement the revised or modified billing protocol upon approval by the Crime Victim Services Division of the Office of the Illinois Attorney General.

(Source: P.A. 99-454, eff. 1-1-16.)

(410 ILCS 70/8) (from Ch. 111 1/2, par. 87-8)

Sec. 8. Penalties.

(a) Any hospital or approved pediatric health care facility violating any provisions of this Act other than Section 7.5 shall be guilty of a petty offense for each violation, and any fine imposed shall be paid into the general corporate funds of the city, incorporated town or village in which the hospital or approved pediatric

health care facility is located, or of the county, in case such hospital is outside the limits of any incorporated municipality.

(b) The Attorney General may seek the assessment of one or more of the following civil monetary penalties in any action filed under this Act where the hospital, approved pediatric health care facility, health care professional, ambulance provider, laboratory, or pharmacy knowingly violates Section 7.5 of the Act:

(1) For willful violations of paragraphs (1), (2), (4), or (5) of subsection (a) of Section 7.5 or subsection (c) of Section 7.5, the civil monetary penalty shall not exceed \$500 per violation.

(2) For violations of paragraphs (1), (2), (4), or (5) of subsection (a) of Section 7.5 or subsection (c) of Section 7.5 involving a pattern or practice, the civil monetary penalty shall not exceed \$500 per violation.

(3) For violations of paragraph (3) of subsection (a) of Section 7.5, the civil monetary penalty shall not exceed \$500 for each day the bill is with a collection agency.

(4) For violations involving the failure to submit billing protocols within the time period required under subsection (d) of Section 7.5, the civil monetary penalty shall not exceed \$100 per day until the health care professional or approved pediatric health care facility complies with subsection (d) of Section 7.5.

All civil monetary penalties shall be deposited into the Violent Crime Victims Assistance Fund.

(Source: P.A. 99-454, eff. 1-1-16.)

(410 ILCS 70/9) (from Ch. 111 1/2, par. 87-9)

Sec. 9. Nothing in this Act shall be construed to require a hospital or an approved pediatric health care facility to provide any services which relate to an abortion.

(Source: P.A. 79-564.)

(410 ILCS 70/9.5 new)

Sec. 9.5. Sexual Assault Medical Forensic Services Implementation Task Force.

(a) The Sexual Assault Medical Forensic Services Implementation Task Force is created to assist hospitals and approved pediatric health care facilities with the implementation of the changes made by this amendatory Act of the 100th General Assembly. The Task Force shall consist of the following members, who shall serve without compensation:

(1) one member of the Senate appointed by the President of the Senate, who may designate an alternate member;

(2) one member of the Senate appointed by the Minority Leader of the Senate, who may designate an alternate member;

(3) one member of the House of Representatives appointed by the Speaker of the House of Representatives, who may designate an alternate member;

(4) one member of the House of Representatives appointed by the Minority Leader of the House of Representatives, who may designate an alternate member;

(5) two members representing the Office of the Attorney General appointed by the Attorney General, one of whom shall be the Sexual Assault Nurse Examiner Coordinator for the State of Illinois;

(6) one member representing the Department of Public Health appointed by the Director of Public Health;

(7) one member representing the Department of State Police appointed by the Director of State Police;

(8) one member representing the Department of Healthcare and Family Services appointed by the Director of Healthcare and Family Services;

(9) six members representing hospitals appointed by the head of a statewide organization representing the interests of hospitals in Illinois, at least one of whom shall represent small and rural hospitals and at least one of these members shall represent urban hospitals;

(10) one member representing physicians appointed by the head of a statewide organization representing the interests of physicians in Illinois;

(11) one member representing emergency physicians appointed by the head of a statewide organization representing the interests of emergency physicians in Illinois;

(12) two members representing child abuse pediatricians appointed by the head of a statewide organization representing the interests of child abuse pediatricians in Illinois, at least one of whom shall represent child abuse pediatricians providing medical forensic services in rural locations and at least one of whom shall represent child abuse pediatricians providing medical forensic services in urban locations;

(13) one member representing nurses appointed by the head of a statewide organization representing the interests of nurses in Illinois;

(14) two members representing sexual assault nurse examiners appointed by the head of a statewide organization representing the interests of forensic nurses in Illinois, at least one of whom shall represent pediatric/adolescent sexual assault nurse examiners and at least one of these members shall represent adult/adolescent sexual assault nurse examiners;

(15) one member representing State's Attorneys appointed by the head of a statewide organization representing the interests of State's Attorneys in Illinois;

(16) three members representing sexual assault survivors appointed by the head of a statewide organization representing the interests of sexual assault survivors and rape crisis centers, at least one of whom shall represent rural rape crisis centers and at least one of whom shall represent urban rape crisis centers; and

(17) one member representing children's advocacy centers appointed by the head of a statewide organization representing the interests of children's advocacy centers in Illinois.

The members representing the Office of the Attorney General and the Department of Public Health shall serve as co-chairpersons of the Task Force. The Office of the Attorney General shall provide administrative and other support to the Task Force.

(b) The first meeting of the Task Force shall be called by the co-chairpersons no later than 90 days after the effective date of this Section.

(c) The goals of the Task Force shall include, but not be limited to, the following:

(1) to facilitate the development of areawide treatment plans among hospitals and pediatric health care facilities;

(2) to facilitate the development of on-call systems of qualified medical providers and assist hospitals with the development of plans to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5;

(3) to identify photography and storage options for hospitals to comply with the photo documentation requirements in Sections 5 and 5.1;

(4) to develop a model written agreement for use by rape crisis centers, hospitals, and approved pediatric health care facilities with sexual assault treatment plans to comply with subsection (c) of Section 2;

(5) to develop and distribute educational information regarding the implementation of this Act to hospitals, health care providers, rape crisis centers, children's advocacy centers, State's Attorney's offices;

(6) to examine the role of telemedicine in the provision of medical forensic services under this Act and to develop recommendations for statutory change and standards and procedures for the use of telemedicine to be adopted by the Department;

(7) to seek inclusion of the International Association of Forensic Nurses Sexual Assault Nurse Examiner Education Guidelines for nurses within the registered nurse training curriculum in Illinois nursing programs and the American College of Emergency Physicians Management of the Patient with the Complaint of Sexual Assault for emergency physicians within the Illinois residency training curriculum for emergency physicians; and

(8) to submit a report to the General Assembly by January 1, 2023 regarding the status of implementation of this amendatory Act of the 100th General Assembly, including, but not limited to, the impact of transfers to out-of-state hospitals on sexual assault survivors and the availability of treatment hospitals in Illinois; the report to the General Assembly shall be filed with the Clerk of the House of Representatives and the Secretary of the Senate in electronic form only, in the manner that the Clerk and the Secretary shall direct.

(d) This Section is repealed on January 1, 2024.

(410 ILCS 70/10 new)

Sec. 10. Sexual Assault Nurse Examiner Program.

(a) The Sexual Assault Nurse Examiner Program is established within the Office of the Attorney General. The Sexual Assault Nurse Examiner Program shall maintain a list of sexual assault nurse examiners who have completed didactic and clinical training requirements consistent with the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses.

(b) By March 1, 2019, the Sexual Assault Nurse Examiner Program shall develop and make available to hospitals 2 hours of online sexual assault training for emergency department clinical staff to meet the training requirement established in subsection (a) of Section 2. Notwithstanding any other law regarding ongoing licensure requirements, such training shall count toward the continuing medical education and continuing nursing education credits for physicians, physician assistants, advanced practice registered nurses, and registered professional nurses.

The Sexual Assault Nurse Examiner Program shall provide didactic and clinical training opportunities consistent with the Sexual Assault Nurse Examiner Education Guidelines established by the International Association of Forensic Nurses, in sufficient numbers and geographical locations across the State, to assist hospitals with training the necessary number of sexual assault nurse examiners to comply with the requirement of this Act to employ or contract with a qualified medical provider to initiate medical forensic services to a sexual assault survivor within 90 minutes of the patient presenting to the hospital as required in subsection (a-7) of Section 5.

The Sexual Assault Nurse Examiner Program shall assist hospitals in establishing trainings to achieve the requirements of this Act.

For the purpose of providing continuing medical education credit in accordance with the Medical Practice Act of 1987 and administrative rules adopted under the Medical Practice Act of 1987 and continuing education credit in accordance with the Nurse Practice Act and administrative rules adopted under the Nurse Practice Act to health care professionals for the completion of sexual assault training provided by the Sexual Assault Nurse Examiner Program under this Act, the Office of the Attorney General shall be considered a State agency.

(c) The Sexual Assault Nurse Examiner Program, in consultation with qualified medical providers, shall create uniform materials that all treatment hospitals, treatment hospitals with approved pediatric transfer, and approved pediatric health care facilities are required to give patients and non-offending parents or legal guardians, if applicable, regarding the medical forensic exam procedure, laws regarding consenting to medical forensic services, and the benefits and risks of evidence collection, including recommended time frames for evidence collection pursuant to evidence-based research. These materials shall be made available to all hospitals and approved pediatric health care facilities on the Office of the Attorney General's website.

Section 99. Effective date. This Act takes effect January 1, 2019, except that this Section and the provisions adding Section 9.5 to the Sexual Assault Survivors Emergency Treatment Act take effect upon becoming law."

There being no further amendments, the bill, as amended, was ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 5636** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 5682** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Schimpf, **House Bill No. 5690** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Murphy, **House Bill No. 5754** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Bush, **House Bill No. 5770** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Lightford, **House Bill No. 4442** was taken up, read by title a second time and ordered to a third reading.

On motion of Senator Lightford, **House Bill No. 4743** was taken up, read by title a second time and ordered to a third reading.

SENATE BILL RECALLED

On motion of Senator McGuire, **Senate Bill No. 2354** was recalled from the order of third reading to the order of second reading.

Senator McGuire offered the following amendment and moved its adoption:

AMENDMENT NO. 1 TO SENATE BILL 2354

[May 17, 2018]

AMENDMENT NO. 1. Amend Senate Bill 2354 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Articulation Initiative Act is amended by adding Section 30 as follows:
(110 ILCS 152/30 new)

Sec. 30. Degree program advice. To improve articulation and reduce excess academic credit hours, beginning with the 2019-2020 academic year, each public institution shall require any student who, upon completing 30 academic credit hours, is interested in pursuing an associate degree or baccalaureate degree at the public institution in which he or she is enrolled or at another public institution to indicate to the public institution in which he or she is enrolled all of his or her degree programs of interest. The public institution in which the student is enrolled shall make a reasonable attempt to conduct a meeting with the student and an academic advisor of the public institution, who shall inform the student of the prerequisite requirements for the student's degree programs of interest.

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

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendment No. 1 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

READING BILL OF THE SENATE A THIRD TIME

On motion of Senator McGuire, **Senate Bill No. 2354** having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 48; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Link	Schimpf
Anderson	Curran	Manar	Sims
Aquino	Fowler	Martinez	Stadelman
Barickman	Haine	McConnaughay	Steans
Bennett	Harmon	McGuire	Syverson
Bertino-Tarrant	Harris	Morrison	Tracy
Biss	Hastings	Mulroe	Van Pelt
Brady	Holmes	Murphy	Weaver
Bush	Hunter	Nybo	Mr. President
Castro	Hutchinson	Raoul	
Clayborne	Koehler	Rezin	
Connelly	Landek	Rose	
Cullerton, T.	Lightford	Sandoval	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence therein.

SENATE BILL RECALLED

On motion of Senator Manar, **Senate Bill No. 2892** was recalled from the order of third reading to the order of second reading.

Senator Manar offered the following amendment and moved its adoption:

[May 17, 2018]

AMENDMENT NO. 2 TO SENATE BILL 2892

AMENDMENT NO. 2. Amend Senate Bill 2892, AS AMENDED, by replacing everything after the enacting clause with the following:

"Section 5. The School Code is amended by changing Section 24-8 as follows:
(105 ILCS 5/24-8) (from Ch. 122, par. 24-8)

Sec. 24-8. Minimum salary. In fixing the salaries of teachers, school boards shall pay those who serve on a full-time basis not less than a rate for the school year that is based upon training completed in a recognized institution of higher learning, as follows: for the school year beginning July 1, 1980 and until the 2019-2020 school year thereafter, less than a bachelor's degree, \$9,000; 120 semester hours or more and a bachelor's degree, \$10,000; 150 semester hours or more and a master's degree, \$11,000. In fixing the salaries of teachers, a school board shall pay those who serve on a full-time basis a rate not less than (i) \$32,076 for the 2019-2020 school year, (ii) \$34,576 for the 2020-2021 school year, (iii) \$37,076 for the 2021-2022 school year, and (iv) \$40,000 for the 2022-2023 school year. The minimum salary rate for each school year thereafter, subject to review by the General Assembly, shall equal the minimum salary rate for the previous school year increased by a percentage equal to the percentage increase, if any, in the Consumer Price Index For All Urban Consumers for all items published by the United States Department of Labor for the previous school year.

Based upon previous public school experience in this State or any other state, territory, dependency or possession of the United States, or in schools operated by or under the auspices of the United States, teachers who serve on a full-time basis shall have their salaries increased to at least the following amounts above the starting salary for a teacher in such district in the same classification: with less than a bachelor's degree, \$750 after 5 years; with 120 semester hours or more and a bachelor's degree, \$1,000 after 5 years and \$1,600 after 8 years; with 150 semester hours or more and a master's degree, \$1,250 after 5 years, \$2,000 after 8 years and \$2,750 after 13 years.

For the purpose of this Section a teacher's salary shall include any amount paid by the school district on behalf of the teacher, as teacher contributions, to the Teachers' Retirement System of the State of Illinois.

If a school board establishes a schedule for teachers' salaries based on education and experience, not inconsistent with this Section, all certificated nurses employed by that board shall be paid in accordance with the provisions of such schedule.

For purposes of this Section, a teacher who submits a certificate of completion to the school office prior to the first day of the school term shall be considered to have the degree stated in such certificate.

(Source: P.A. 83-913.)"

The motion prevailed.

And the amendment was adopted and ordered printed.

There being no further amendments, the foregoing Amendment No. 2 was ordered engrossed, and the bill, as amended, was ordered to a third reading.

READING BILL OF THE SENATE A THIRD TIME

On motion of Senator Manar, **Senate Bill No. 2892** having been transcribed and typed and all amendments adopted thereto having been printed, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 37; NAYS 16.

The following voted in the affirmative:

Anderson	Fowler	Lightford	Rezin
Aquino	Haine	Link	Sandoval
Bennett	Harmon	Manar	Sims
Bertino-Tarrant	Harris	Martinez	Stadelman
Biss	Hastings	McCann	Stears
Bush	Holmes	McGuire	Van Pelt
Castro	Hunter	Morrison	Mr. President
Clayborne	Hutchinson	Mulroe	

[May 17, 2018]

Cullerton, T. Cunningham	Koehler Landek	Murphy Raoul
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The following voted in the negative:

Barickman	McCarter	Rooney	Weaver
Bivins	McConnaughay	Rose	
Brady	Nybo	Schimpf	
Connelly	Oberweis	Syverson	
Curran	Righter	Tracy	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence therein.

READING BILLS FROM THE HOUSE OF REPRESENTATIVES A THIRD TIME

On motion of Senator Rezin, **House Bill No. 4748** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 42; NAYS 3.

The following voted in the affirmative:

Althoff	Cunningham	Link	Sandoval
Aquino	Haine	Manar	Schimpf
Barickman	Harmon	Martinez	Sims
Bennett	Harris	McCann	Stadelman
Bertino-Tarrant	Hastings	McConnaughay	Steans
Biss	Holmes	McGuire	Syverson
Bivins	Hunter	Mulroe	Tracy
Brady	Hutchinson	Nybo	Van Pelt
Bush	Koehler	Oberweis	Mr. President
Castro	Landek	Raoul	
Clayborne	Lightford	Rezin	

The following voted in the negative:

McCarter
Rose
Weaver

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Bennett, **House Bill No. 4754** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 52; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Martinez	Sandoval
Anderson	Curran	McCann	Schimpf
Aquino	Fowler	McCarter	Sims
Barickman	Haine	McConaughay	Stadelman
Bennett	Harmon	McGuire	Steans
Bertino-Tarrant	Harris	Morrison	Syverson
Biss	Hastings	Mulroe	Tracy
Bivins	Holmes	Murphy	Van Pelt
Brady	Hunter	Nybo	Weaver
Bush	Hutchinson	Oberweis	Mr. President
Castro	Koehler	Raoul	
Clayborne	Lightford	Rezin	
Connelly	Link	Rooney	
Cullerton, T.	Manar	Rose	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Weaver, **House Bill No. 4783** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Syverson, **House Bill No. 4795** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

[May 17, 2018]

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Hunter, **House Bill No. 4796** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Rose, **House Bill No. 4805** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 52; NAY 1.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rose
Anderson	Fowler	McCann	Sandoval
Aquino	Haine	McCarter	Schimpf
Barickman	Harmon	McConnaughay	Sims
Bennett	Harris	McGuire	Stadelman
Bertino-Tarrant	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Mr. President
Clayborne	Landek	Raoul	
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	
Cunningham	Manar	Rooney	

The following voted in the negative:

Weaver

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Martinez, **House Bill No. 4847** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Syverson, **House Bill No. 4858** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

[May 17, 2018]

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Syverson, **House Bill No. 4867** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Castro, **House Bill No. 4870** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 50; NAYS 2.

The following voted in the affirmative:

Althoff	Cunningham	Link	Rooney
Anderson	Curran	Manar	Rose
Aquino	Fowler	Martinez	Sandoval
Barickman	Haine	McCann	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Brady	Holmes	Mulroe	Syverson
Bush	Hunter	Murphy	Tracy
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Mr. President
Connelly	Landek	Raoul	
Cullerton, T.	Lightford	Rezin	

The following voted in the negative:

McCarter
Weaver

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Weaver, **House Bill No. 4883** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 52; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Sandoval
Anderson	Fowler	McCann	Schimpf
Aquino	Haine	McCarter	Sims
Barickman	Harmon	McConnaughay	Stadelman
Bennett	Harris	McGuire	Steans
Bertino-Tarrant	Hastings	Morrison	Syverson
Bivins	Holmes	Mulroe	Tracy
Brady	Hunter	Murphy	Van Pelt
Bush	Hutchinson	Nybo	Weaver
Castro	Koehler	Oberweis	Mr. President
Clayborne	Landek	Raoul	
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	
Cunningham	Manar	Rose	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator McGuire, **House Bill No. 4885** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

[May 17, 2018]

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Morrison, **House Bill No. 4887** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Castro, **House Bill No. 4888** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

[May 17, 2018]

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendment adopted thereto.

On motion of Senator Harris, **House Bill No. 4892** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Steans, **House Bill No. 4908** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

[May 17, 2018]

YEAS 50; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Manar	Rose
Aquino	Fowler	Martinez	Sandoval
Barickman	Haine	McCann	Schimpf
Bennett	Harmon	McConaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Stears
Brady	Holmes	Mulroe	Syverson
Bush	Hunter	Murphy	Tracy
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Connelly	Landek	Raoul	Mr. President
Cullerton, T.	Lightford	Rezin	
Cunningham	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).
Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Biss, **House Bill No. 4909** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 49; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McConaughay	Schimpf
Bennett	Harmon	McGuire	Sims
Bertino-Tarrant	Harris	Morrison	Stadelman
Biss	Hastings	Mulroe	Stears
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	
Cunningham	Manar	Rooney	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).
Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Weaver, **House Bill No. 4911** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

[May 17, 2018]

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Koehler, **House Bill No. 4920** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 53; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Mr. President
Clayborne	Landek	Raoul	
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Castro, **House Bill No. 4922** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 35; NAYS 17.

The following voted in the affirmative:

[May 17, 2018]

Aquino	Curran	Landek	Murphy
Bennett	Haine	Lightford	Raoul
Bertino-Tarrant	Harmon	Link	Sandoval
Biss	Harris	Manar	Sims
Bush	Hastings	Martinez	Stadelman
Castro	Holmes	McCann	Steans
Clayborne	Hunter	McGuire	Van Pelt
Cullerton, T.	Hutchinson	Morrison	Mr. President
Cunningham	Koehler	Mulroe	

The following voted in the negative:

Althoff	McCarter	Righter	Tracy
Barickman	McConnaughay	Rooney	Weaver
Bivins	Nybo	Rose	
Brady	Oberweis	Schimpf	
Connelly	Rezin	Syverson	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Clayborne, **House Bill No. 4508** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 39; NAYS 6; Present 1.

The following voted in the affirmative:

Althoff	Haine	Link	Rooney
Anderson	Harmon	Manar	Rose
Aquino	Harris	Martinez	Sandoval
Barickman	Hastings	McCann	Schimpf
Bertino-Tarrant	Holmes	McConnaughay	Sims
Brady	Hunter	Morrison	Stadelman
Castro	Hutchinson	Mulroe	Tracy
Clayborne	Koehler	Nybo	Van Pelt
Cullerton, T.	Landek	Oberweis	Mr. President
Fowler	Lightford	Righter	

The following voted in the negative:

Connelly	McCarter	Syverson
Curran	Rezin	Weaver

The following voted present:

Steans

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Biss, **House Bill No. 4923** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

[May 17, 2018]

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 52; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Sandoval
Anderson	Curran	Martinez	Schimpf
Aquino	Fowler	McCann	Sims
Barickman	Haine	McCarter	Stadelman
Bennett	Harmon	McConnaughay	Stears
Bertino-Tarrant	Harris	McGuire	Syverson
Biss	Hastings	Morrison	Tracy
Bivins	Holmes	Mulroe	Van Pelt
Brady	Hunter	Nybo	Weaver
Bush	Hutchinson	Oberweis	Mr. President
Castro	Koehler	Raoul	
Clayborne	Landek	Rezin	
Connelly	Lightford	Righter	
Cullerton, T.	Link	Rose	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Steans, **House Bill No. 4949** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, “Shall this bill pass?” it was decided in the affirmative by the following vote:

YEAS 53; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rose
Anderson	Curran	McCann	Sandoval
Aquino	Fowler	McCarter	Schimpf
Barickman	Haine	McConnaughay	Sims
Bennett	Harmon	McGuire	Stadelman
Bertino-Tarrant	Harris	Morrison	Stears
Biss	Hastings	Mulroe	Syverson
Bivins	Holmes	Murphy	Tracy
Brady	Hunter	Nybo	Van Pelt
Bush	Hutchinson	Oberweis	Weaver
Castro	Koehler	Raoul	Mr. President
Clayborne	Landek	Rezin	
Connelly	Lightford	Righter	
Cullerton, T.	Link	Rooney	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof and ask their concurrence in the Senate Amendment adopted thereto.

Senator Martinez asked and obtained unanimous consent for the Journal to reflect her intention to have voted in the affirmative on **House Bill No. 4949**.

[May 17, 2018]

On motion of Senator Raoul, **House Bill No. 4951** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 54; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Rooney
Anderson	Curran	Martinez	Rose
Aquino	Fowler	McCann	Sandoval
Barickman	Haine	McCarter	Schimpf
Bennett	Harmon	McConnaughay	Sims
Bertino-Tarrant	Harris	McGuire	Stadelman
Biss	Hastings	Morrison	Steans
Bivins	Holmes	Mulroe	Syverson
Brady	Hunter	Murphy	Tracy
Bush	Hutchinson	Nybo	Van Pelt
Castro	Koehler	Oberweis	Weaver
Clayborne	Landek	Raoul	Mr. President
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Bush, **House Bill No. 4953** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 51; NAYS None.

The following voted in the affirmative:

Althoff	Cunningham	Manar	Righter
Anderson	Curran	Martinez	Rooney
Aquino	Fowler	McCann	Rose
Barickman	Haine	McCarter	Sandoval
Bennett	Harmon	McConnaughay	Schimpf
Bertino-Tarrant	Harris	McGuire	Sims
Biss	Hastings	Morrison	Stadelman
Brady	Holmes	Mulroe	Steans
Bush	Hunter	Murphy	Tracy
Castro	Hutchinson	Nybo	Van Pelt
Clayborne	Koehler	Oberweis	Weaver
Connelly	Lightford	Raoul	Mr. President
Cullerton, T.	Link	Rezin	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Fowler, **House Bill No. 4954** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 52; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Sandoval
Anderson	Fowler	McCann	Schimpf
Aquino	Haine	McCarter	Sims
Barickman	Harmon	McConnaughay	Stadelman
Bennett	Harris	McGuire	Steans
Bertino-Tarrant	Hastings	Morrison	Syverson
Biss	Holmes	Mulroe	Tracy
Brady	Hunter	Murphy	Van Pelt
Bush	Hutchinson	Nybo	Weaver
Castro	Koehler	Oberweis	Mr. President
Clayborne	Landek	Raoul	
Connelly	Lightford	Rezin	
Cullerton, T.	Link	Righter	
Cunningham	Manar	Rose	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

On motion of Senator Murphy, **House Bill No. 4990** having been printed as received from the House of Representatives, together with all Senate Amendments adopted thereto, was taken up and read by title a third time.

And the question being, "Shall this bill pass?" it was decided in the affirmative by the following vote:

YEAS 52; NAYS None.

The following voted in the affirmative:

Althoff	Curran	Martinez	Sandoval
Anderson	Fowler	McCann	Schimpf
Aquino	Haine	McCarter	Sims
Barickman	Harmon	McConnaughay	Stadelman
Bennett	Harris	McGuire	Steans
Bertino-Tarrant	Hastings	Morrison	Syverson
Biss	Holmes	Murphy	Tracy
Brady	Hunter	Nybo	Van Pelt
Bush	Hutchinson	Oberweis	Weaver
Castro	Koehler	Raoul	Mr. President
Clayborne	Landek	Rezin	
Connelly	Lightford	Righter	
Cullerton, T.	Link	Rooney	
Cunningham	Manar	Rose	

This bill, having received the vote of a constitutional majority of the members elected, was declared passed, and all amendments not adopted were tabled pursuant to Senate Rule No. 5-4(a).

Ordered that the Secretary inform the House of Representatives thereof.

[May 17, 2018]

COMMITTEE MEETING ANNOUNCEMENTS

The Chair announced the following committees to meet at 3:00 o'clock p.m.:

Environment and Conservation in Room 409
Telecommunications and Information Technology in Room 212

LEGISLATIVE MEASURES FILED

The following Floor amendments to the House Bills listed below have been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to House Bill 4412
Amendment No. 1 to House Bill 4746
Amendment No. 3 to House Bill 4768

The following Floor amendment to the Senate Bill listed below has been filed with the Secretary and referred to the Committee on Assignments:

Amendment No. 1 to Senate Bill 2356

MESSAGES FROM THE HOUSE

A message from the House by
Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of bills of the following titles, to-wit:

SENATE BILL NO. 331

A bill for AN ACT concerning regulation.

SENATE BILL NO. 456

A bill for AN ACT concerning health.

SENATE BILL NO. 650

A bill for AN ACT concerning education.

SENATE BILL NO. 748

A bill for AN ACT concerning regulation.

SENATE BILL NO. 1008

A bill for AN ACT concerning State government.

SENATE BILL NO. 1901

A bill for AN ACT concerning finance.

SENATE BILL NO. 2223

A bill for AN ACT concerning elections.

Passed the House, May 17, 2018.

TIMOTHY D. MAPES, Clerk of the House

A message from the House by
Mr. Mapes, Clerk:

Mr. President -- I am directed to inform the Senate that the House of Representatives has concurred with the Senate in the passage of a bill of the following title, to-wit:

SENATE BILL NO. 2254

A bill for AN ACT concerning government.

Passed the House, May 17, 2018.

TIMOTHY D. MAPES, Clerk of the House

MESSAGE FROM THE PRESIDENT

[May 17, 2018]

**OFFICE OF THE SENATE PRESIDENT
STATE OF ILLINOIS**

JOHN J. CULLERTON
SENATE PRESIDENT

327 STATE CAPITOL
SPRINGFIELD, IL 62706
217-782-2728

May 17, 2018

Mr. Tim Anderson
Secretary of the Senate
Room 401 State House
Springfield, IL 62706

Dear Mr. Secretary:

Pursuant to Rule 3-2(c), I hereby appoint Senator Scott Bennett to temporarily replace Senator Antonio Muñoz as a member of the Senate Telecommunications and Information Technology Committee. This appointment is effective immediately and will automatically expire upon adjournment of the Senate Telecommunications and Information Technology Committee.

Sincerely,
s/John J. Cullerton
John J. Cullerton
Senate President

cc: Senate Minority Leader William Brady

At the hour of 2:48 o'clock p.m., the Chair announced that the Senate stands adjourned until Friday, May 18, 2018, at 9:00 o'clock a.m.

[May 17, 2018]