



2021 Legislative Tracker (Updated 2/24/21)

Contact [Jason Speaks](#) with questions or feedback

BILL #	SPONSOR	STATUS	POSITION	SYNOPSIS
<p>HB32</p> <p>Applies to: <i>HCBS</i></p>	<p>Rep. Debbie Meyers-Martin (D-38th District; Matteson)</p>	<p>Referred to House Rules Committee on 1/14/21</p>	<p>Monitoring</p>	<p>Meals on Wheels Information Packs:</p> <ul style="list-style-type: none"> • Amends the Illinois Act on the Aging. • Subject to appropriation, all home-delivered meals shall contain informational fact sheets on diabetes, elder abuse, elder neglect, elder financial exploitation, Social Security benefits, and Medicare. • Permits the Department (DoA) on Aging to enter into agreements with area agencies on aging or Department designees to print and distribute the informational materials to home-delivered meal providers, which shall in turn ensure that an informational fact sheet is included with the first home-delivered meal at the start of a recipient's subscription period and annually thereafter. • Effective immediately.
<p>HB43</p> <p>Applies to: <i>All</i></p>	<p>Rep. Katie Stuart (D-112th District; Collinsville)</p>	<p>Referred to House Rules Committee on 1/14/21</p>	<p>Monitoring</p>	<p>Reporting Suspicious Deaths to DoA</p> <ul style="list-style-type: none"> • Amends the Adult Protective Services Act. • Any person may report information about the suspicious death of an eligible adult to an agency designated to receive such reports under the Act or to the Department on Aging (DoA).

				<ul style="list-style-type: none"> • If a mandated reporter has reason to believe that the death of an eligible adult may be the result of abuse or neglect, the matter shall be reported to an agency designated to receive such reports under the Act or to DoA for subsequent referral to the appropriate law enforcement agency and the coroner or medical examiner. • Prohibits an employer from discriminating against any employee who reports information about the suspicious death of an eligible adult in accordance with the Act. • Any mandated reporter who is required under the Act to report a suspicious death due to abuse, neglect, or financial exploitation shall testify fully in any administrative hearing resulting from such report. • A referral to law enforcement may be made after a report of a suspicious death, depending upon the circumstances. • All records concerning reports of suspicious deaths due to abuse, neglect, financial exploitation, or self-neglect and all records generated as a result of such reports shall be confidential and shall not be disclosed, with some exceptions. • Effective January 1, 2022.
<p>HB62</p> <p>Applies to: <i>All</i></p>	<p>Rep. Mary Flowers (D-31st District; Chicago) Deputy Majority Leader</p>	<p>Referred to House Rules Committee on 1/14/21</p>	<p>Monitoring</p>	<p>Creates the Health Care for All Illinois Act</p> <ul style="list-style-type: none"> • All individuals are covered under the Illinois Health Services Program for health insurance. • It is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the program. • Establishes the Illinois Health Services Trust to provide financing for the program.

				<ul style="list-style-type: none"> • Program shall include funding for long-term care services and mental health services. • Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. • Patients in the program shall have the same rights and privacy as they are entitled to under current State and federal law. • Commissioner, the Chief Medical Officer, the public State board members, and employees of the program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. • Effective July 1, 2021.
<p><u>HB65</u></p> <p>Applies to: <i>Medicaid Providers</i></p>	<p><u>Rep. Mary Flowers</u> (D-31st District; Chicago) Deputy Majority Leader</p>	<p>Referred to House Rules Committee on 1/14/21</p>	<p>Monitoring</p>	<p>Medicaid Redeterminations Effective January 1, 2022, the redetermination of eligibility for medical assistance benefits shall be conducted once every 12 months.</p>

<p>HB158</p> <p>HB159</p> <p>Applies to: <i>Medicaid providers</i></p>	<p>Rep. Camille Lilly (D-78th District; Oak Park)</p>	<p>Referred to House Rules Committee on 1/22/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Nursing Home Care Act to require testing for Legionella bacteria • Implicit Bias Awareness Training (also in HB309) for health care professionals registered by the Illinois Department of Financial and Professional Regulation (IDFPR), which includes those under the Nurse Practice Act and Nursing Home Administrators. • Illinois Health Facilities and Services Review Board shall include a member from community with experience on the effects of closure of health care facilities on the surrounding community. • Creates the Medicaid Managed Care Oversight Commission. Membership includes a member from a long term care association. • Creates the Health and Human Services Task Force and Study Act to review health and human service departments and programs • Dementia training for Adult Protective Services (APS) staff. • Amends the Employee Sick Leave Act/include personal care of family members.
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<p>HB291</p>	<p>Rep. Natalie Manley (D-98th District; Romeoville) Assistant Majority Leader</p>	<p>Assigned to House Human Services Committee on 2/23/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Creates the Water Quality Assurance Act. • New and existing health care facilities and buildings containing health care facilities shall develop and implement water management programs with specified elements to control the growth and spread of opportunistic pathogens. • Requires specified persons to develop and implement a routine culture sampling plan for all building water systems. • Requires health care facilities to perform remediation of identified opportunistic pathogens. • Department of Public Health or agent health departments may enter at reasonable times upon private or public property for the purpose of inspecting and investigating conditions relating to the enforcement of the Act. • Requires health care facilities to register with the Department all building water systems within 120 days of the Act's effective date and to provide specified information. Contains other provisions. • Establishes the Water Quality Assurance Fund as a special fund in the State treasury and makes a conforming change in the State Finance Act. • Department of Public Health shall implement, administer, and enforce the Act and may adopt rules it deems necessary to do so. Amends the Illinois Procurement Code. • Code shall not apply to procurement expenditures necessary for the Department to respond to an infectious disease outbreak response or to procurement expenditures that are necessary for a State agency's facility to
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				<p>implement critical recommendations provided by the Department in response to an infectious disease outbreak. Effective January 1, 2022.</p> <ul style="list-style-type: none">•
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<p><u>HB293</u></p> <p>Applies to: <i>HCBS</i></p>	<p><u>Rep. Kathleen Willis</u> (D-77th District; Northlake)</p>	<p>Referred to House Rules Committee on 1/29/21</p>	<p>Monitoring</p>	<p>Effective July 1, 2021, appropriates \$6 million from the General Revenue Fund to the Department on Aging for services provided under the Family Caregiver Act.</p>
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<p><u>HB357</u></p> <p>Applies to: <i>Nursing Homes, Supportive Living</i></p>	<p><u>Rep. Norine Hammond</u> (R-93rd District; Macomb)</p>	<p>Referred to House Rules Committee on 1/29/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Medical Assistance Article of the Illinois Public Aid Code. • Within 120 calendar days (rather than 45 calendar days) of receipt by a long-term care facility of required prescreening information, new admissions with associated admission documents shall be submitted through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification System or shall be submitted directly to the Department of Human Services (DHS) using required admission forms.
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<p><u>HB366</u></p> <p>Applies to: <i>Nurses</i></p>	<p>Rep. Sue Scherer (D-96th District; Decatur)</p>	<p>Referred to House Rules Committee on 1/29/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Nurse Practice Act. • Department of Financial and Professional Regulation must issue or deny a license no later than 30 days after completion of the application for practical nurse and registered professional nurse licensure. • Department must issue or deny a license no later than 30 days after receiving the required documentation for advanced practice registered nurse licensure. • Effective immediately.
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<p><u>HB422</u></p>	<p><u>Rep. LaToya Greenwood</u> (D-114th District; East St. Louis)</p>	<p>Referred to House Rules Committee on 2/8/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Illinois Act on the Aging and Public Aid Code. • Regarding services under the Community Care Program (CCP), the supportive living facilities program, and the nursing home prescreening project, provides that individuals with a score of 29 or higher based on the determination of need assessment tool shall be eligible to receive institutional and home and community-based long term care services until the State receives federal approval and implements an updated assessment tool, and those individuals are found to be ineligible under that updated assessment tool. • Requires Department on Aging and the Departments of Human Services and Healthcare and Family Services to adopt rules, but not emergency rules, regarding the updated assessment tool. • Continued eligibility for persons made ineligible for services under the updated assessment tool. • Prohibits the Department on Aging from adopting any rule that restricts eligibility under CCP to persons who qualify for medical assistance • Prohibits the Department on Aging from adopting any rule that establishes a separate program of home and community-based long term care services for persons eligible for CCP services but not eligible for medical assistance. • Prohibits the Department from increasing copayment levels under CCP to those levels in effect on January 1, 2016. • Deletes a provision in Public Aid Code concerning an increase in the
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				<p>determination of need scores, on and after July 1, 2012, from 29 to 37.</p> <ul style="list-style-type: none">• Prohibits the involuntary discharge of an individual receiving care in an institutional setting as the result of the updated assessment tool until a transition plan has been developed.• Effective immediately.
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<p>HB559</p>	<p>Rep. Jim Durkin (R-82nd District; Burr Ridge) House Republican Leader</p>	<p>Referred to House Rules Committee on 2/8/21</p>		<ul style="list-style-type: none"> • Amends the Biometric Information Privacy Act. • Changes the term of "written release" to "written consent". • Written policy that is developed by a private entity in possession of biometric identifiers shall be made available to the person from whom biometric information is to be collected or was collected (rather than to the public). • An action brought under the Act shall be commenced within one year after the cause of action accrued if, prior to initiating any action against a private entity, the aggrieved person provides a private entity 30 days' written notice identifying the specific provisions the aggrieved person alleges have been or are being violated. • If within the 30 days the private entity actually cures the noticed violation and provides the aggrieved person an express written statement that the violation has been cured and that no further violations shall occur, no action for individual statutory damages or class-wide statutory damages may be initiated against the private entity. • If a private entity continues to violate the Act in breach of the express written statement, the aggrieved person may initiate an action against the private entity to enforce the written statement and may pursue statutory damages for each breach of the express written statement and any other violation that postdates the written statement. • A prevailing party may recover: against a private entity that negligently violates the Act, actual damages (rather than
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				<p>liquidated damages of \$1,000 or actual damages, whichever is greater); or against a private entity that willfully (rather than intentionally or recklessly) violates the Act, actual damages plus liquidated damages up to the amount of actual damages (rather than liquidated damages of \$5,000 or actual damages, whichever is greater).</p> <ul style="list-style-type: none">• Act does not apply to a private entity if the private entity's employees are covered by a collective bargaining agreement that provides for different policies regarding the retention, collection, disclosure, and destruction of biometric information.
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<p><u>HB560</u></p>	<p><u>Rep. Jim Durkin</u> (R-82nd District; Burr Ridge) House Republican Leader</p>	<p>Referred to House Rules Committee on 2/8/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Biometric Information Privacy Act. Changes the term of "written release" to "written consent". • The written policy that is developed by a private entity in possession of biometric identifiers shall be made available to the person from whom biometric information is to be collected or was collected (rather than to the public). • Deletes a provision regarding a right of action. • Instead, any violation that results from the collection of biometric information by an employer for employment, human resources, fraud prevention, or security purposes is subject to the enforcement authority of the Department of Labor. • An employee or former employee may file a complaint with the Department a violation by submitting a signed, completed complaint form. • All complaints shall be filed with the Department within one year from the date of the violation. • Any other violation of the Act constitutes a violation of the Consumer Fraud and Deceptive Business Practices Act, with enforcement by the Attorney General or the appropriate State's Attorney. • Act does not apply to a private entity if the private entity's employees are covered by a collective bargaining agreement that provides for different policies regarding the retention, collection, disclosure, and destruction of biometric information. • Makes a conforming change in the Consumer Fraud and Deceptive Business Practices Act.
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<p>HB591</p> <p>Applies to: MCOs/Pharmacy Services</p>	<p>Rep. La Shawn Ford (D-8th District; Chicago)</p>	<p>Referred to House Rules Committee on 2/8/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Requires the Department of Healthcare and Family Services to permit medical assistance recipients, including those enrolled in managed care, to obtain pharmacy services from the pharmacy of their choice if the pharmacy is licensed under the Pharmacy Practice Act and accepts the professional dispensing fee for pharmacy services as determined by the Department. • No managed care organization that contracts with the Department to provide services to recipients may restrict a recipient's access to pharmacy services to a selected group of pharmacies. • If a managed care organization merges with or is acquired by another entity, the resulting entity may not restrict a recipient's access to pharmacy services to a selected group of pharmacies. • Permits the Department to renegotiate with the resulting entity the terms of the managed care contract the Department had with the original managed care organization prior to the merger or acquisition. • Requires the Department to contract with an independent research organization to conduct a study and submit a report on those managed care organizations that are contracted to provide services to recipients. • Requires the report to include an analysis of pharmacy access for medical assistance recipients with the aim of identifying "pharmacy deserts"; an analysis of the costs and benefits of having managed care organizations administer health care services, including
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				<p>pharmacy services, to recipients; and other matters.</p> <ul style="list-style-type: none">• Prohibits the Department from entering into any new contract with a managed care organization before the report has been received and analyzed by the Department and posted on its website.• Effective immediately.
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<p><u>HB616</u></p>	<p><u>Rep. Terra Costa Howard</u> (D-48th District; Lombard)</p>	<p>Referred to House Rules Committee on 2/8/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Creates the Family and Medical Leave Act. • Employees are entitled to 12 weeks of leave during a calendar year. • Leave may be used for absence from work due to: • (1) personal illness, injury, or medical appointment of the employee, • (2) illness, injury, or medical appointment of a member of the employee's family, or • (3) the birth of a child or the adoption of a child under one year of age. • Requires the employer to pay the cost of health insurance applicable to the employee during the period of leave. • Requires that the employee be returned to his or her position or an equivalent position upon completion of the family and medical leave period.
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<p><u>HB3417</u></p> <p>Applies to: <i>Assisted Living</i></p>	<p><u>Rep. Terra Costa Howard</u> (D-48th District; Lombard)</p>	<p>Filed on 2/19/21</p>	<p>Monitoring</p> <p>We are in ongoing meetings with IDPH on this issue and we and the Department intend to continue negotiations on this topic.</p>	<ul style="list-style-type: none"> • Amends the Assisted Living and Shared Housing Act. • Before commencing construction of new facilities or specified types of alteration or additions to an existing assisted living establishment or shared housing establishment involving major construction with an estimated cost greater than \$50,000, architectural drawings and specifications therefor shall be submitted to the Department of Public Health for review and approval. • Contains provisions regarding review, notice, approval, and on-site inspections under the provisions. • Requires the Department to charge specified fees in connection with its reviews. • All fees received by the Department under the provisions shall be deposited into the Health Facility Plan Review Fund. • The Department may assess a civil penalty not to exceed \$10,000 (rather than \$5,000) against any establishment subject to the Act for violations of the Act. • Amends the MC/DD Act. • Moneys shall be appropriated from the Health Facility Plan Review Fund to the Department of Public Health to pay the costs of conducting reviews under the Assisted Living and Shared Housing Act. • Effective July 1, 2021.
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<p>HB3628</p> <p>Applies to: <i>All</i></p>	<p>Rep. Thaddeus Jones (D-29th District; South Holland)</p>	<p>Referred to House Rules Committee on 2/22/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends All-Inclusive Care for the Elderly Act, changing name of the Act to the "Program of All-Inclusive Care for the Elderly Act". Effective Immediately. • No later the 3/2/22 the Department of Healthcare and Family Services (HFS) must submit a State Plan amendment to the federal Centers for Medicare and Medicaid Services (CMS) to establish the Program of All-Inclusive Care for the Elderly (PACE program) to provide community-based, risk-based, and capitated long-term care services as optional services under the State's Medicaid Plan and under contracts entered into between CMS, the Department, and PACE organizations. • Beginning 6/1/22, or upon federal approval, the Department must develop the PACE program in consultation with nursing homes, Area Agencies on Aging, and others interested in the well-being of Illinois' elderly residents. • No later than 6/30/22, HFS must have prepared a comprehensive plan that describes on a county by county basis how PACE services will be delivered within the designated region. • Requires HFS, by 8/1/22, to issue a request for proposals seeking organizations to enter into risk-based contracts. • No later than 10/1/23, HFS shall begin accepting applications for the PACE program and shall begin approving applications by 11/1/23. • Subject to federal approval, PACE services shall become a covered benefit of the medical assistance program.
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<p><u>HB3677</u></p> <p>Applies to: <i>All in specified counties</i></p>	<p><u>Rep. Dan Caulkins</u> (R-101st District; Decatur)</p>	<p>Referred to House Rules Committee on 2/22/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Minimum Wage Law and delays the implementation of annual minimum wage increases in counties with a population of less than one million inhabitants. • In those counties the minimum wage will be \$11 per hour until December 31, 2024. • Gives an annual increase of \$1 per hour in the minimum wage in those counties culminating in a minimum wage of \$15 per hour beginning in January 2028.
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HB3682	Rep. Joe Sosnowski (R-69th District; Rockford)	Referred to House Rules Committee on 2/22/21	Monitoring	<ul style="list-style-type: none"> • Creates the COVID-19 Workplace Vaccination Program Limitation Act. • It is unlawful for an employer in the State of Illinois to create, implement, or otherwise enforce a workplace vaccination program that requires any employee to demonstrate to the employer that he or she has received a vaccine that was approved under emergency use authorization by the United States Food and Drug Administration. Provides for repeal of the Act on January 1, 2023. • Effective immediately.
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<p><u>HB3899</u></p> <p>Applies to: <i>Medicaid Rates</i></p>	<p><u>Rep. Anne Stava-Murray</u> (D-81st District; Downers Grove)</p>	<p>Filed on 2/19/21</p>	<p>Monitoring</p> <p>We are in ongoing discussions/meetings with the associations and the Illinois Department of Healthcare and Family Services (HFS). We are engaging members in the discussions.</p>	<ul style="list-style-type: none"> • Amends the Medical Assistance Article of the Illinois Public Aid Code. • Department of Healthcare and Family Services shall implement no later than July 1, 2021 a reimbursement system that uses the Medicare PDPM nursing component rate and takes into account transparency, accountability, actual staffing as reported under the federally required Payroll Based Journal system, changes to the minimum wage, adequacy in coverage of the cost of care, quality star rating, staffing star rating, and a quality component that rewards quality improvements. • Effective immediately.
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<p>SB56</p>	<p>Sen. Terri Bryant (R-58th District; Murphysboro)</p>	<p>Referred to Senate Assignments Committee on 1/29/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Biometric Information Privacy Act. • An action for a violation of the Act shall be commenced within one year after the cause of action accrued if the aggrieved person provides a private entity 30 days' written notice identifying the specific provisions of the Act the aggrieved person alleges have been or are being violated. • If, within the 30 days, the private entity actually cures the noticed violation and provides the aggrieved person an express written statement that the violation has been cured and that no further violations shall occur, no action for individual statutory damages or class-wide statutory damages may be initiated against the private entity. • A prevailing party may recover actual damages for a negligent violation of the Act (instead of "liquidated damages of \$1,000 or actual damages, whichever is greater"). • A prevailing party against a private entity that willfully (instead of intentionally or recklessly) violates the Act may recover actual damages plus liquidated damages up to the amount of actual damages (instead of "liquidated damages of \$5,000 or actual damages, whichever is greater").
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<p><u>SB79</u></p>	<p><u>Sen. Jil Tracy</u> (R-47th District; Quincy) Republican Caucus Whip</p>	<p>Referred to Senate Assignments Committee on 2/3/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Creates the Transparency in Lawsuits Protection Act. • The purpose of the Act is to ensure that any Act, regulatory or otherwise, enacted in this State shall not create a private right of action unless such a right is expressly stated in the Act. • Any Act enacted in this State creating a private right of action shall contain express language providing for such a right and that courts of this State shall not construe a statute to imply a private right of action in the absence of such express language. • Applies to any action that has not yet been initiated or is pending on the effective date of the Act. • Effective immediately.
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<p><u>SB99</u></p> <p>Applies to: <i>MCOs</i></p>	<p><u>Sen. Ram Villivalam</u> (D-8th District; Chicago)</p>	<p>Assigned to Senate Health Committee on 2/9/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Medical Assistance Article of the Illinois Public Aid Code. • Exempts transportation services, including those transportation services provided by ground ambulance service providers, medi-car providers, service car providers, and taxi service providers, from the State's managed care medical assistance program. • These services shall continue to be paid under the State's traditional fee-for-service program.
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<p><u>SB109</u></p> <p>Applies to: <i>Long Term Care</i></p>	<p><u>Sen. Sara Feigenholtz</u> (D-6th District; Chicago)</p>	<p>Referred to Senate Assignments on 2/3/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Health Care Surrogate Act. • Execution of a POLST form shall not be a requirement for admission to any facility or a precondition to the provision of services by any provider of health care services. • An individual may revoke a document directing that resuscitating efforts shall not be implemented. • A health care provider facility shall comply with a POLST form, National POLST form, another state's POLST Paradigm portable medical orders form, or an out-of-hospital Do Not Resuscitate (DNR) order sanctioned by a State in the United States that: has been executed by an adult; and is apparent and immediately available. • Before voiding or revoking a uniform practitioner orders for life-sustaining treatment (POLST) form, National POLST form, or another state's POLST Paradigm portable medical orders form consented to by the individual, that individual's legally authorized surrogate decision maker shall first: engage in consultation with the attending health care practitioner; consult the patient's advance directive, if available; and make a good faith effort to act consistently, at all times, with the patient's known wishes, or, if the patient's wishes are not known, using substituted judgment as the standard. • When an individual's legally authorized surrogate is making a good faith effort to act consistently with the patient's known wishes to void or revoke a POLST form, if the patient's wishes are unknown and remain unknown after reasonable efforts to discern them, the decision shall be made on the basis of the patient's best
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				interests as determined by the surrogate decision maker.
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<p><u>SB110</u></p> <p>Applies to: <i>Long Term Care</i></p>	<p><u>Sen. Sara Feigenholtz</u> (D-6th District; Chicago)</p>	<p>Assigned to Senate Health Committee on 2/9/21</p>	<p>Monitoring</p>	<p>Effective immediately, applying the regional wage adjuster component of the RUG-IV 48 reimbursement methodology, no adjuster shall be lower than 0.95.</p>
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<p><u>SB142</u></p> <p>Applies to: <i>Nursing Homes</i> <i>Supportive Living</i></p>	<p><u>Sen. Laura M. Murphy</u> (D-28th District) Deputy Majority Leader</p>	<p>Referred to Senate Assignments on 2/9/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Medical Assistance Article of the Illinois Public Aid Code. • Drugs prescribed to residents of the following facilities are not subject to prior approval as a result of the 4-prescription limit: long-term care facilities as defined in the Nursing Home Care Act; supportive living facilities as defined in the Code;
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<p><u>SB191</u></p> <p>Applies to: <i>Assisted Living Nursing Homes</i></p>	<p><u>Sen. Meg Loughran Cappel</u> (D-49th District; Plainfield)</p>	<p>Referred to Senate Assignments on 2/9/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Assisted Living and Shared Housing Act and the Nursing Home Care Act. • Directs assisted living establishments and facilities licensed under the Nursing Home Care Act to institute written policies and procedures regarding the acceptance of personal gifts from a resident or the family member of a resident. • Requires assisted living establishments and facilities to include in all employment contracts a provision that prohibits acceptance of a monetary gift from a resident or the family member of a resident, which shall also notify the employee of the need to enter into a repayment agreement to recoup the value of any gift accepted by staff from a resident or the family member of a resident that is not returned promptly. • If employee agrees to and signs the repayment agreement, the assisted living establishment or facility shall be permitted to withhold up to 15% of the employee's wages per paycheck, or a higher amount from the employee's final compensation, until the employee has paid back the full value of the monetary gift.
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<p><u>SB478</u></p> <p>Applies to: <i>Nursing Homes</i></p>	<p><u>Sen. Sara Feigenholtz</u> (D-6th District; Chicago)</p>	<p>Referred to Senate Assignments Committee on 2/23/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Nursing Home Care Act. • In provisions regarding the designation of distressed facilities, says that the Department of Public Health shall, by rule, adopt criteria to identify facilities that are distressed and shall publish a list of identified facilities quarterly (rather than generate and publish quarterly a list of distressed facilities using specified criteria). • No facility shall be identified as a distressed facility unless it has committed violations or deficiencies that have actually harmed residents. • Removes language requiring the Department to complete a test run of any substitute criteria to determine their reliability by comparing the number of facilities identified as distressed against the number of distressed facilities generated.
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<p><u>SB602</u></p> <p>Applies to: <i>All</i></p>	<p><u>Sen. Bill Cunningham</u> (D-18th District; Chicago) Assistant Majority Leader/President Pro Tempore</p>	<p>Referred to Senate Assignments Committee on 2/24/21</p>	<p>Monitoring</p>	<ul style="list-style-type: none"> • Amends the Biometric Information Privacy Act. • If the biometric identifier or biometric information is collected or captured for the same repeated process, the private entity is only required to inform the subject or receive consent during the initial collection. • Waives certain requirements for collecting, capturing, or otherwise obtaining a person's or a customer's biometric identifier or biometric information under certain circumstances relating to security purposes. • Nothing in the Act shall be construed to: conflict with information captured by an alarm system installed by a licensed person; and apply to information captured by a biometric time clock or biometric lock that converts a person's biometric identifier to a mathematical representation. • Department of Labor shall provide on its website information for employers regarding the requirements of the Act. • Effective immediately.
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SB656	Sen. Robert Peters (D-13th District; Chicago)	Referred to Senate Assignments Committee on 2/24/21	Monitoring	<ul style="list-style-type: none">• Amends the Health Facilities Planning Act.• Allows a health facility to be placed under receivership.• Gives further powers and duties of the Health Facilities and Services Review Board under the Act.• Section 14.05 would allow for a private right of action.• Effective immediately.
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