

Updated: April 8, 2025 3:21 pm

HB1866 NEXT GEN 9-1-1 IMPLEMENTATION

Chair Yokley introduced the updated language. There was a page by page review of the redline document by the Advisory Board. The renumbering of sections was withdrawn after it was pointed out that renumbering sections, especially 15.4 Powers of the ETS Board which would be in ordinances and policies which would require 9-1-1 Systems and governing bodies to amend multiple documents. Further discussion will be in the meeting notes. There was discussion of a increase from \$1.50 to \$2.50 for be consistent with the City of Chicago base surcharge. Discussion will continue at the next meeting.

General Assembly Members assigned on State 9-1-1 Advisory Board

Sen Bill Cunningham

Sen Neil Anderson

Rep Angelica Guerrero-Cuellar

Rep Michael J. Coffey, Jr.

1/29/25	filed by SAB member House Rep Angelica Guerrer-Cuellar
1/29/25	referred to Rules Committee.
2/25/25	Assigned to Executive Committee.
3/12/25	Placed on Calendar 2 nd reading, Short Debate
3/14/25	Added co-sponsor Rep Kifowit
3/18/25	Second reading, short Debate
3/18/25	Placed on Calendar Order of 3 rd Reading – Short Debate
4/7/25	Third Reading – Short Debate – Passed 107-000-000
4/8/25	Arrive in Senate
4/8/25	Chief Senate Sponsor Sen Bill Cunningham
4/8/25	First Reading
4/8/25	Referred to Assignments

Synopsis As Introduced

Amends the Emergency Telephone System Act. Makes changes to the definitions of terms defined in the Act. Requires a municipality with a population over 500,000 to provide Next Generation 9-1-1 service by January 1, 2029 (rather than January 1, 2026). Provides that, until December 31, 2028 (rather than December 31, 2025), a municipality with a population over 500,000 may not impose a monthly surcharge in excess of \$5.00 per network connection. Provides that, on or after January 1, 2029 (rather than January 1, 2026), a municipality with a population over 500,000 may not impose a monthly surcharge in excess of \$2.50 per network connection. Provides that, until December 31, 2028 (rather than December 31, 2025), a municipality with a population in excess of 500,000 may by ordinance continue to impose and collect a monthly surcharge per commercial mobile radio service (CMRS) connection or in-service telephone number billed on a monthly basis that does not exceed \$5.00. Provides that, on or after January 1, 2027 (rather than January 1, 2026), a municipality with a population in excess of 500,000 may impose and collect its wireless carrier surcharge if the monthly surcharge does not exceed \$2.50 per commercial mobile radio service (CMRS) connection or in-service telephone number billed on a monthly basis. Removes references to "enhanced 9-1-1". Provides for the repeal of the Act on December 31, 2028 (rather than December 31, 2025). Effective January 1, 2026.

HB3494 Health Data Privacy Act

2/7/25 Filed Rep Ann M. Williams
2/18/25 First Reading, Referred to Rules Committee
3/11/25 Assigned to Judiciary – Civil Committee
3/19/25 Do Pass/Short Debate Judiciary -Civil Committee, 013-007-000
3/19/25 Placed on Calendar end Reading – Short Debate , added Co-Sponsor Rep Stav:
Murray
3/26/25 Held on Calendar Order of Second Reading – Short Debate
3/26/25 Added Co-sponsor Rep Hernandez

The concern with this bill is the geofencing language. This bill covers medical facilities of which there are over 14,000 in the collar counties of Chicago. It also covers pharmacies (in the collar counties pharmacies are also numerous, practically one on every corner). While this relates to advertising, the ISP is working to add the following language as an amendment to ensure that there is no disruption in 9-1-1 System or delivery of the 9-1-1 call since the carriers are affected by this language:

Under Section 10 Scope

regulated entity, service provider, or affiliate of the regulated entity.

Section 10. Scope.

(a) This Act applies to individuals seeking, researching, or obtaining health services within this State, or information

about health services available in this State and regulated entities.

(b) This Act does not affect an individual's right to voluntarily share the individual's own health information with another person or entity.

(c) This Act does not apply to the infrastructure and geofencing used for the accurate routing of police, fire and emergency medical services of Statewide NextGeneration9-1-1 network system for 9-1-1 emergency services provided and required under 50 ILCS 750 Emergency Telephone System Act.

Synopsis As Introduced

Creates the Protect Health Data Privacy Act. Provides that a regulated entity shall disclose and maintain a health data privacy policy that clearly and conspicuously discloses specified information. Sets forth provisions concerning health data privacy policies. Provides that a regulated entity shall not collect, share, or store health data, except in specified circumstances. Provides that it is unlawful for any person to sell or offer to sell health data concerning an individual without first obtaining valid authorization from the individual. Provides that a valid authorization to sell individual health data must contain specified information; a copy of the signed valid authorization must be provided to the individual; and the seller and purchaser of health data must retain a copy of all valid authorizations for sale of health data for 6 years after the date of its signature or the date when it was last in effect, whichever is later. Sets forth provisions concerning the consent required for collection, sharing, and storage of health data. Provides that an individual has the right to withdraw consent from the processing of the individual's health data. Provides that it is unlawful for a regulated entity to engage in discriminatory practices against individuals solely because they have not provided consent to the processing of their health data or have exercised any other rights provided by the provisions or guaranteed by law. Sets forth provisions concerning an individual's right to confirm whether a regulated entity is collecting, selling, sharing, or storing any of the individual's health data; an individual's right to have the individual's health data that is collected by a regulated entity deleted; prohibitions regarding geofencing; and individual health data security. Provides that any person aggrieved by a violation of the provisions shall have a right of action in a State circuit court or as a supplemental claim in federal district court against an offending party. Provides that the Attorney General may enforce a violation of the provisions as an unlawful practice under the Consumer Fraud

and Deceptive Business Practices Act. Defines terms. Makes a conforming change in the Consumer Fraud and Deceptive Business Practices Act.

HB1697 9-1-1 TC CPR Training

- 1/24/25 filed by Rep Lisa Davis, co-sponsors Reps Blair-Sherlock, West II, Morris, Crawford Lilly, DuBuclet
- 1/28/25 First Reading; referred to Rules Committee

- 2/4/25 Added Co-sponsors Reps Canty, Moylan, Evans, Jr, Croke, Briel, Mayfield, Gordon Booth, Harper, Rashid, Moeller, Olickal, Mason, Grasse
- 2/18/25 Assigned to Police & Fire Committee
- 2/25/25 House Committee Amendment No. 1 Filed with Clerk by Rep Lisa Davis
- 2/25/25 House Committee Amendment No. 1 Referred to Rules
- 2/26/25 House Committee Amendment No. 1 Referred to Police & Fire Committee
- 2/26/25 Added as Co-Sponsors Reps McCombe, LaHa, Cabello, Stephens, Sheehan, Haute Schwizer, Ryan, Benton, LaPointe, Smith, Gill, Tipsword, Morgan
- 3/4/25 Senate Committee Amendment No 1 Assignments Refers to State Government, Added Co-Sponsor Sen Michael Halpin
- 3/6/25 House Committee Amendment No. 1 Adopted in Police & Fire Committee; by Voice Vote Do Pass as Amended / Short Debate in Police & Fire Committee; 013-000-000
- 3/6/25 added sponsors Kelly, Stuart, Johnson
- 3/6/25 Placed on Calendar 2nd Reading Short Debate
- 3/11/25 added sponsors Reps Guerrero-Cuellar, Hanson, Yang Rohr, Buckner, Rita, Guzzar Vella
- 3/18/25 Second reading – Short Debate, Placed on Calendar Order of 3rd Reading – Short Debate, Added sponsors Reps Davis, Welch
- 3/18/25 Placed on Calendar Order of 3rd Reading – Short Debate
- 3/18/25 Added Co-Sponsors Reps William Davis, Emanuel Chris Welch
- 3/21/25 Added Co-Sponsors Rep Michelle Mussman, Justin Slaughter, Tracy Katc Muhl, Maui Hirschauer, Kelly M Cassidy, Jawaharial Williams, Anthony DeLuca
- 4/7/25 Third Reading – Short Debate – Passed 105-000-000
- 4/7/25 Added Co-Sponsors Reps Debbie Meyers-Martin, Martha Deuter, Hoan Huynh
- 4/8/25 Arrive in Senate
- 4/8/25 Placed on calendar Order of First Reading
- 4/8/25 Chief Senate Sponsor Sen Doris Turner
- 4/8/25 First Reading
- 4/8/25 Referred to Assignments

Synopsis As Introduced

Amends the Illinois State Police Law. Provides that, beginning January 1, 2026, all 9-1-1 telecommunicators who provide dispatch for emergency medical conditions shall be required to be trained, utilizing the most current nationally recognized emergency cardiovascular care guidelines, in high-quality telecommunicator cardiopulmonary resuscitation (T-CPR). Defines telecommunicator cardiopulmonary resuscitation for the purposes of the provisions.

House Committee Amendment No. 1

In the Illinois State Police Law, removes provisions requiring the Office of the Statewide 9-1-1 Administrator, in consultation with the Statewide 9-1-1 Advisory Board, to develop comprehensive guidelines for training and adopt rules and minimum standards for continuing education on emergency medical dispatch. Amends the Emergency Medical Services (EMS) Systems Act. Requires an emergency medical dispatcher to complete a training course in telecommunicator

cardiopulmonary resuscitation (T-CPR) in accordance with rules adopted by the Illinois Department of Public Health. Requires each emergency medical dispatcher to provide prearrival instructions and telecommunicator cardiopulmonary resuscitation (T-CPR) in compliance with protocols selected and approved by the system's EMS medical director and approved by the Department (rather than provide prearrival instructions in compliance with protocols selected and approved by the system's EMS medical director and approved by the Department).

HB3164 ETSA Surcharge – Chicago

2/6/25 filed by Rep Kam Buckner
2/18/25 First Reading, referred to Rules Committee
3/11/25 Assigned to Public Utilities
3/18/25 Do Pass / Short Debate Public Utilities Committee; 013-007-000
3/19/25 Placed on Calendar 2nd Reading – Short Debate
3/25/25 Second Reading – Short Debate
3/25/25 Placed on Calendar Order of 3rd Reading – Short Debate

Synopsis As Introduced

Amends the Emergency Telephone System Act. Provides that, until December 31, 2027 (currently, December 31, 2025), a municipality with a population over 500,000 may not impose a monthly surcharge in excess of \$5 per network connection. Provides that, on and after January 1, 2028 (currently, January 1, 2026), a municipality with a population over 500,000 may not impose a monthly surcharge in excess of \$2.50 per network connection. Provides that, until December 31, 2027 (currently, December 31, 2025), a municipality with a population over 500,000 may by ordinance continue to impose and collect a monthly surcharge per commercial mobile radio service (CMRS) connection or in-service telephone number billed on a monthly basis that does not exceed \$5. Provides that, on and after January 1, 2028 (currently, January 1, 2026), a municipality with a population over 500,000 may continue imposing and collecting its wireless carrier surcharge subject to certain limitations. Effective immediately.

HB1072 Schools Mobil Panic Alert System

12/20/24 Prefiled with Clerk by Rep Janet Yang Rohr
1/9/25 First Reading, referred to Rules Committee
1/23/25 Co-Sponsor Re Maura Hirschauer
1/24/25 Added Chief Co-Sponsor Rep Dagmara Avelar, Rep Nebeela Syed
2/4/25 Assigned to Appropriations – Elementary & Secondary Education Committee
3/21/25 Rule 19(a) / Re-referred to Rules Committee

Synopsis As Introduced

Creates the Mobile Panic Alert System Act. Provides that the Act may be referred to as Alyssa's Law. Requires, beginning with the 2026-2027 school year, each public school to implement a mobile panic alert system capable of connecting diverse emergency services technologies to ensure real-time coordination between multiple first responder agencies. Requires, for the 2026 fiscal year, the State Board of Education to issue a competitive solicitation to contract for a mobile panic alert system that may be used by each school district. Amends the Charter Schools Law of the School Code to make a conforming change. Effective January 1, 2026.

HB3195 DHS 2-1-1 Service

2/6/25 Filed by Rep Daniel Didech
2/18/25 First Reading, referred to Rules Committee
3/11/25 Assigned to Human Services Committee
3/19/25 Do Pass / Short Debate Humas Services Committee; 012-000-000

3/19/25	Placed on calendar 2 nd Reading – Short Debate
3/21/25	Added Co-Sponsor Rep Grasse
3/26/25	Second Reading – Short Debate,
3/26/25	Held on Calendar Order of Second Reading - Short Debate
3/27/25	House Floor Amendment No. 1 Filed with Clerk by Rep. Daniel Didech
3/27/25	House Floor Amendment No. 1 Referred to Rules Committee
4/7/25	House Floor Amendment No. 1 Rules refers to Human Services Committee

Synopsis As Introduced

Amends the 2-1-1 Service Act. Makes changes to a provision concerning the designation of a lead entity to administer the statewide 2-1-1 system. Requires the lead entity to have: (1) demonstrated expertise in providing access to health and human services; and (5) a demonstrated track record of securing diversified funding sources in order to support sustainable operation of 2-1-1. Requires the lead entity to establish standards consistent with prevailing national standards established for providing information about and referrals to human services agencies to 2-1-1 callers. Requires the lead entity to provide annual reports to the Department of Human Services on the 2-1-1 system, including information on call volume and interactions, caller demographics, reasons for contact, service referral gaps, and other matters. Makes changes to the definitions of "approved 2-1-1 service provider", "2-1-1 service area", and "Human services". Removes the definitions for "pay telephone", "private branch exchange", and "recognized 2-1-1 service provider". Amends the Human Services 2-1-1 Collaboration Board Act. Provides that the Act is repealed on July 1, 2025. Effective immediately.

SB2120 REVENUE-9-8-8 FUND

2/7/25	Filed Sen Laura Fine, first reading
2/7/25	Referred to Assignments
2/25/25	Referred to Revenue
3/20/25	Added Co-sponsor Sen Edly-Allen
3/21/25	Rule 2-10 Committee Deadline Established As April 11, 2025

Synopsis As Introduced

Amends the Department of Human Services Act. Provides that the Department of Human Services is authorized to implement and administer the 9-8-8 National Suicide Prevention Lifeline system in compliance with the National Suicide Hotline Designation Act of 2020, the Federal Communication Commission's rules adopted to administer the National Suicide Hotline Designation Act of 2020, and national guidelines for crisis care. Amends the State Finance Act. In provisions concerning the Statewide 9-8-8 Trust Fund, provides that the Fund is administered by the Department of Human Services. Defines "statewide 9-8-8 suicide prevention and mental health crisis system". Amends the Telecommunications Excise Tax Act. Increases the rate of tax on interstate and intrastate telecommunications from 7% to 8.65%. Provides that the 1.65% increase in the rate shall be designated as the "statewide 9-8-8 surcharge" and is established to support and enhance the 9-8-8 Suicide and Crisis Lifeline in compliance with the National Suicide Hotline Designation Act of 2020. Sets forth the distribution of proceeds from the tax imposed under the Act. Effective immediately.

HB1705 School CD-Panic Alert System

1/24/25	filed with Clerk by Rep Dagmara Avelar
1/28/25	first reading, referred to rules
2/18/25	Assigned to Appropriations – Elementary & Secondary Education Committee
3/17/25	Added Chief Co-Sponsor Rep Benton
3/21/25	Rule 19(a) re-referred to Rules Committee

Synopsis As Introduced

Amends the School Code. Requires each school board to implement, not later than July 1, 2026, a mobile panic alert system capable of connecting disparate emergency services technologies to ensure real-time coordination between local and State law enforcement and first responder agencies. Provides that the system shall be known as "Alyssa's Alert" and shall integrate with local, public-safety, answering-point infrastructure to transmit 9-1-1 calls and mobile activations. Allows a school board to implement additional strategies or systems to ensure real-time coordination between multiple first responder agencies in the event of a school security emergency. Provides that a school board is not required to procure or implement new or additional capabilities if, as of July 1, 2025, the school board has already implemented a mobile panic alert system with capabilities that meet system requirements. Requires the State Board of Education to conduct market research not later than December 1, 2025 to identify whether an existing competitively procured source of supply is available for a mobile panic alert system from multiple vendors for use by school districts. Provides that if no existing source of supply exists, then the State Board shall issue a competitive solicitation for such source of supply no later than January 1, 2026. Effective immediately.

HB3233 EMS Response Task Force

2/6/25	Filed by Rep Bradley Fritts
2/18/25	First Reading, referred to Rules Committee
3/11/25	Assigned to Health Care Availability & Accessibility Committee
3/14/25	House Committee Amendment No. 1 Filed with Clerk by Rep. Bradley Fritts; House Amendme No. 11 Referred to Rules Committee
3/18/25	House Committee Amendment No. 1 Rules Refers to Health Care Availability Accessibility Committee;
3/18/25	House Committee Amendment No. 1 Adopted in Health Care Availability & Accessibili Committee; by Voice Vote
3/18/25	Do Pass as Amended / Short Debate Health Care Availability & Accessibility Committee; 01 000-000
3/19/25	Placed on Calendar 2 nd Reading – Short Debate
3/26/25	Second Reading – Short Debate
3/26/25	Held on Calendar Oder of Second Reading – Short Debate

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Creates the Emergency Medical Service Response Task Force to investigate and provide legislative and policy recommendations regarding slow and dangerous response times for ambulance and EMS services in parts of the State, in particular services in rural communities. Provides that the Emergency Medical Service Response Task Force shall address, study, and provide recommendations on any aspect of the response time crisis deemed appropriate by the Task Force, including the sustainability of Emergency Medical Services (EMS) Systems in rural communities throughout the State; any regulatory or administrative burdens or staffing restrictions placed on providers that contribute to staffing issues or slow response times; revenue shortfalls that challenge the sustainability and survival of ambulance or emergency medical services; and the report, findings, and any recommendations of the EMT Training, Recruitment, and Retention Task Force. Sets forth provisions concerning the appointment of members. Requires members to convene at the call of the co-chairs for at least 6 meetings, and provides that members shall serve without compensation. Requires the Task Force to submit its final report containing legislative and policy decisions to the General Assembly and the Governor no later than September 1, 2026, and upon the submission of its final report, the Task Force shall be dissolved.

Amendment No 1 Emergency Medical Service Response Task Force

(14) Provide administrative support to the Emergency Medical Service Response Task Force.

Sec.3.23. Emergency Medical Service Response Task Force.

(a) The Emergency Medical Service Response Task Force is created to investigate and provide legislative and policy recommendations regarding slow and dangerous response times for ambulance and EMS services in parts of the State, in particular services in rural communities.

(b) The Emergency Medical Service Response Task Force shall address, study, and provide recommendations on any aspect of this response time crisis deemed appropriate by the Task Force, including the following:

(1) the sustainability of Emergency Medical Services (EMS) Systems in rural communities throughout the State;

(2) any regulatory or administrative burdens or staffing restrictions placed on providers that contribute to staffing issues or slow response times;

(3) revenue shortfalls that challenge the sustainability and survival of ambulance or emergency medical services; and

(4) the report, findings, and any recommendations of the EMT Training, Recruitment, and Retention Task Force.

(c) The Task Force shall be comprised of the following members:

(1) one member of the Illinois General Assembly, appointed by the President of the Senate, who shall serve as co-chair;

(2) one member of the Illinois General Assembly, appointed by the Speaker of the House of Representatives.

(3) one member of the Illinois General Assembly, appointed by the Minority Leader of the Senate;

(4) one member of the Illinois General Assembly, appointed by the Minority Leader of the House of Representatives, who shall serve as co-chair;

(5) 9 members representing private ground ambulance providers throughout this State representing for-profit and non-profit rural and urban ground ambulance providers, appointed by the President of the Senate.

(6) 3 members representing hospitals, appointed by the Speaker of the House of Representatives, with one member representing safety-net hospitals and one member representing rural hospitals;

(7) 3 members representing a statewide association of nursing homes, appointed by the President of the Senate.

(8) one member representing the State Board of Education, appointed by the Minority Leader of the House of Representatives;

(9) 2 EMS Medical Directors from a Regional EMS Medical Directors Committee, appointed by the Governor;

(10) one member representing the Illinois Community College Systems, appointed by the Minority Leader of the Senate;

(11) 3 members representing the Associated Fire Fighters of Illinois, appointed by the President of the Senate; and

(12) 3 members representing volunteer rural fire service, appointed by the Speaker of the House.

(d) Members of the Task Force shall serve without compensation.

(e) The Task Force shall convene at the call of the co-chairs and shall hold at least 6 meetings.

(f) The Task Force shall submit its final report containing legislative and policy decisions to the General Assembly and the Governor no later than September 1, 2026, and upon the submission of its final report, the Task Force shall be dissolved.

(g) This Section is repealed on January 1, 2027."

HB3697 Mobile mental health providers

2/7/25 Filed by Rep Kelly M. Cassidy
2/18/25 First Reading, referred to Rules Committee
3/11/25 Assigned to Mental Health & Addiction Committee
3/20/25 Do Pass / Short Debate Mental Health & Addiction Committee; 022-000-000
3/20/25 Placed on Calendar 2nd Reading – Short Debate
3/26/25 Second Reading – Short Debate
3/26/25 Held on Calendar Order of Second Reading – Short Debate
3/27/25 Added Co-sponsors Rep Hirschauer, Hernandez, Avelar
4/4/25 Added Co-sponsor Rep Croke

Synopsis As Introduced

Amends the Community Emergency Services and Support Act. Modifies legislative findings. Provides that appropriate mobile response services must, among other things, subject to the care decisions of the individual receiving care, coordinate transportation for any individual experiencing a mental or behavioral health emergency to the least restrictive setting feasible (rather than provide transportation for any individual experiencing a mental or behavioral health emergency). Provides that adequate mobile mental health relief provider training includes, among other things, training in recognizing and working with people with neurodivergent and developmental disability diagnoses and in the techniques available to help stabilize and connect them to further services and training in the involuntary commitment process, in identification of situations that meet the standards for involuntary commitment, and in cultural competencies and social biases to guard against any group being disproportionately subjected to the involuntary commitment process or the use of the process not warranted under the legal standard for involuntary commitment. Provides that mobile mental health relief providers may only participate in the involuntary commitment process to the extent permitted under the Mental Health and Developmental Disabilities Code. Requires the system for gathering information developed by the Statewide Advisory Committee to determine the number of instances of mobile mental health relief providers initiating petitions for involuntary commitment. Provides that the exemption from civil liability for emergency care provided in the Good Samaritan Act applies to anyone providing care under the Act. Provides that each 9-1-1 public safety answering point and emergency service dispatched through a 9-1-1 public safety answering point must begin coordinating its activities with the mobile mental and behavioral health services established by the Division of Mental Health once all 3 of the following conditions are met, but not later than July 1, 2027 (rather than July 1, 2025). Adds definitions and modifies existing definitions. Effective immediately.

SB1946 School Safety Drill Mapping Data

2/6/25 Filed by Sen Meg Loughran Cappel
2/16/25 First Reading, referred to Assignments

Synopsis As Introduced

Amends the School Safety Drill Act. Requires any entity that receives crisis response mapping data to provide copies of the data to appropriate local, county, State, and federal first responders for use in response to emergencies. Requires the State Board of Education to provide crisis response mapping data to eligible entities in the order in which such entities apply for it and until any appropriations made for the purposes of this Section are exhausted. Makes other changes.

SB1589 Pub Benefits Mental Health Act

2/4/25 Filed by Sen Robert Peters
2/4/25 First Reading, referred to Assignments

Synopsis As Introduced

Amends the Public Employee Disability Act, the Line of Duty Compensation Act, and the Public Safety Employee Benefits Act. Includes mental health professionals within the scope of the Acts. Defines "mental health professional" as any person employed and dispatched by a unit of local government to respond to crisis calls received on public emergency service lines instead of or in conjunction with law enforcement.

SB2500 Mobile Mental Health Providers

2/7/25	Filed by Sen Robert Peters
2/16/25	First Reading, referred to Assignments
3/4/25	Assigned to Health and Human Services
3/19/25	Do Pass Health and Human Services; 010-000-000
3/19/25	Placed on Calendar Order of 2 nd Reading March 20, 2025
3/25/25	Added Co-Sponsors Sens Mary Edly-Allen, Cristina Castro
3/26/25	Added Co-Sponsor Sen Laura Fine
3/27/25	Added as Chief Co-Sponsor Sen Graciela Guzman
3/27/25	Added as Co-Sponsor Sen Mark L. Walker
4/2/25	Added as Co-Sponsor Sen Sara Feigenholtz
4/3/25	Senate Floor Amendment No. 1 Filed with Secretary by Sen. Robert Peters
4/8/25	Senate Floor Amendment No. 1 Assignments Refers to Health and Human Services
4/8/25	Second Reading
4/8/25	Placed on Calendar Order of 3 rd Reading April 9, 2025

Synopsis As Introduced

Amends the Community Emergency Services and Support Act. Modifies legislative findings. Provides that appropriate mobile response services must, among other things, subject to the care decisions of the individual receiving care, coordinate transportation for any individual experiencing a mental or behavioral health emergency to the least restrictive setting feasible (rather than provide transportation for any individual experiencing a mental or behavioral health emergency). Provides that adequate mobile mental health relief provider training includes, among other things, training in recognizing and working with people with neurodivergent and developmental disability diagnoses and in the techniques available to help stabilize and connect them to further services and training in the involuntary commitment process, in identification of situations that meet the standards for involuntary commitment, and in cultural competencies and social biases to guard against any group being disproportionately subjected to the involuntary commitment process or the use of the process not warranted under the legal standard for involuntary commitment. Provides that mobile mental health relief providers may only participate in the involuntary commitment process to the extent permitted under the Mental Health and Developmental Disabilities Code. Requires the system for gathering information developed by the Statewide Advisory Committee to determine the number of instances of mobile mental health relief providers initiating petitions for involuntary commitment. Provides that the exemption from civil liability for emergency care provided in the Good Samaritan Act applies to anyone providing care under the Act. Provides that each 9-1-1 public safety answering point and emergency service dispatched through a 9-1-1 public safety answering point must begin coordinating its activities with the mobile mental and behavioral health services established by the Division of Mental Health once all 3 of the following conditions are met, but not later than July 1, 2027 (rather than July 1, 2025). Adds definitions and modifies existing definitions. Effective immediately.

Amendment attached separately. Involuntary Transport language which impacts police transport, number of health providers, PSAP protocols, pilot testing of protocol time frames.