

The following bills were shared at the State 9-1-1 Advisory Board meeting.

HB 1866 NEXT GEN 9-1-1 IMPLEMENTATION

Chair Yokley indicated that there would be additional language at the second March Meeting. Randy Nerht stated that the deadline for bills was the 21st of March and asked whether it would pass out of committee as is. Chair Yokley indicated that he felt language had to come before the Board so it will happen after that.

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.

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.

HB 1697 9-1-1 TC CPR Training

filed by Senator Doris Turner

1/28/25 First Reading referred to Assignments,

2/4/25 to State Government

2/20/25 Postponed – State Government

2/20/25 Section Committee Amendment #1 Sen Doris Turner, referred to Assignments.

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

Numerous Reps added as Co-Sponsors

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 Placed on Calendar 2nd Reading Short Debate

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).

HB 3164 ETSA Surcharge – Chicago

2/6/25 filed by Rep Kam Buckner

2/18/25 First Reading, referred to Rules Committee

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.

HB 1072 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

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

HB 1705 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

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

HB 3195 DHS 2-1-1 Service

2/6/25 Filed by Rep Daniel Didech

2/18/25 First Reading, referred to Rules 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.

HB 3233 EMS Response Task Force

2/6/25 Filed by Rep Bradley Fritts

2/18/25 First Reading, referred to Rules Committee

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.

HB 3697 Mobile mental health providers

2/7/25 Filed by Rep Kelly M. Cassidy

2/18/25 First Reading, referred to Rules Committee

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.

SB 1946 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.

SB 1589 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

SB 2500 Mobil 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

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.