

Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #1: An abortion clinic is no longer required to notify the County Coroner when a woman dies in their abortion facility.

Prior to passage of the "Reproductive Health Act", the Counties Code section of Illinois state law required that a County Coroner be notified of a death occurring within their jurisdiction under specific circumstances. These circumstances included violent deaths like homicides, apparent suicides, where drug addiction was suspected, or where the death was otherwise suspicious. The specific circumstances also included **"A maternal or fetal death due to abortion, or any death due to a sex crime or a crime against nature;"**

The purpose of this section of the law is to require the County Coroner to go to the place of the dead victim, take charge of the scene, and investigate the circumstances of the death. This obviously helps to preserve any evidence at that scene, which might help determine the cause of death, and might help determine if a crime occurred.

But the new "Reproductive Health Act" deleted part of the special circumstances listed in the Counties Code, specifically: **"A maternal or fetal death due to abortion" and "a crime against nature"**.

This means that should a woman now die during a procedure in an Illinois abortion facility:

1. The abortion facility is no longer required to report that death to the County Coroner.
2. The abortion facility is no longer required to preserve the scene, or preserve any possible evidence of wrong doing.
3. In fact, the law would now seem to allow an abortion facility to destroy any such evidence at the scene, effectively covering up any evidence of a crime, or any evidence of negligence on the part of the facility or the abortionist.

How is this change in the law beneficial to either the people of the State of Illinois, or to women who might become clients of an abortion facility?

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

(55 ILCS 5/3-3013) (from Ch. 34, par. 3-3013)

Sec. 3-3013. Preliminary investigations; blood and urine analysis; summoning jury; reports. Every coroner, whenever, as soon as he knows or is informed that the dead body of any person is found, or lying within his county, whose death is suspected of being:

(a) A sudden or violent death, whether apparently suicidal, homicidal or accidental, including but not limited to deaths apparently caused or contributed to by thermal, traumatic, chemical, electrical or radiational

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injury, or a complication of any of them, or by drowning or suffocation, or as a result of domestic violence as defined in the Illinois Domestic Violence Act of 1986;

 (b) ~~A maternal or fetal death due to abortion, or any death due to a sex crime or a crime against nature;~~

(c) A death where the circumstances are suspicious, obscure, mysterious or otherwise unexplained or where, in the written opinion of the attending physician, the cause of death is not determined;

(d) A death where addiction to alcohol or to any drug may have been a contributory cause; or

(e) A death where the decedent was not attended by a licensed physician;

shall go to the place where the dead body is, and take charge of the same and shall make a preliminary investigation into the circumstances of the death. In the case of death without attendance by a licensed physician the body may be moved with the coroner's consent from the place of death to a mortuary in the same county. Coroners in their discretion shall notify such physician as is designated in accordance with Section 3-3014 to attempt to ascertain the cause of death, either by autopsy or otherwise.



Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #2: The State of Illinois will no longer assure that abortions are performed safely or that women will be treated adequately.

Prior to passage of the "Reproductive Health Act", Sec. 2 of the "Ambulatory Surgical Treatment Center Act" of Illinois state law read as follows (emphasis added):

*"It is declared to be the public policy that **the State has a legitimate interest in assuring that all medical procedures, including abortions, are performed under circumstances that insure maximum safety. Therefore the purpose of this Act is to provide for the better protection of the public health through the development, establishment, and enforcement of standards (1) for the care of individuals in ambulatory surgical treatment centers, and (2) for the construction, maintenance, and operation of ambulatory surgical treatment centers, which, in light of advancing knowledge, will promote safe and adequate treatment of such individuals in ambulatory surgical treatment centers.**"*

But the new "Reproductive Health Act", deleted two words from the above sentence: **"...including abortions..."**.

By doing so, the State is now clearly saying that it:

1. No longer has a legitimate interest in assuring that abortions are performed under circumstances that insure maximum safety;
2. No longer has a legitimate interest in assuring that the State protects the health of women through the development, establishment, and enforcement of standards governing how abortion facilities care for women; and
3. No longer has a legitimate interest in assuring that abortion facilities are constructed, maintained, or operated so that they will promote safe and adequate treatment of women.

How is this change in the law beneficial to either the people of the State of Illinois, or to women who might become clients of an abortion facility?

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

Section 910-25. The Ambulatory Surgical Treatment Center Act is amended by changing Section 2, and 3 as follows:

(210 ILCS 5/2) (from Ch. 111 1/2, par. 157-8.2)

Sec. 2. It is declared to be the public policy that the State has a legitimate interest in assuring that all medical procedures, including abortions, are performed under circumstances that insure maximum safety. Therefore, the purpose of this Act is to provide for the better protection of the public health through the development, establishment, and enforcement of standards (1) for the care of individuals in

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ambulatory surgical treatment centers, and (2) for the construction, maintenance and operation of ambulatory surgical treatment centers, which, in light of advancing knowledge, will promote safe and adequate treatment of such individuals in ambulatory surgical treatment centers.

(Source: P.A. 78-227.)



Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #3: An abortion facility will not be licensed or inspected by the State of Illinois.*

Under Illinois State law, the "Ambulatory Surgical Treatment Center Act" specifically states (emphasis added):

"No person shall open, conduct or maintain an ambulatory surgical treatment center without first obtaining a license from the Department.

Nothing in this Act shall be construed to impair or abridge the power of municipalities to license and regulate ambulatory surgical treatment centers..."

The text of that "Ambulatory Surgical Treatment Center Act" used to define an "Ambulatory Surgical Treatment Center" to include *"...any facility in which a medical or surgical procedure is utilized to terminate a pregnancy, irrespective of whether the facility is devoted primarily to this purpose..."*

However, the "Reproductive Health Act" specifically deleted the above text from the definitions and thus removed abortion facilities from that definition, thereby effectively removing abortion facilities from all the rules, regulations and other previous requirements of the "Ambulatory Surgical Treatment Center Act". As such:

1. Abortion facilities are not required to be licensed by the State as "Ambulatory Surgical Treatment Centers".
2. As a result, such facilities will not be inspected by the State to assure that they are maintained and operated safely and in accordance with health codes.
3. By the same deletion in the definition, the "Reproductive Health Act" now prevents a local municipality from licensing, regulating or inspecting abortion facilities in their communities.

* The new law specifically allows any abortion facility to voluntarily apply for a license as an Ambulatory Surgical Treatment Center, and thereby subsequently subject themselves to all of the rules and regulations under the previous language of the law intended to protect patients. The vast majority of Illinois abortion clinics have chosen to not be so licensed. A few abortion clinics - those that provide general, epidural or spinal anesthesia - are still required to be licensed by the State.

How is this change in the law beneficial to either the people of the State of Illinois, or to women who might become clients of an abortion facility? Why would an abortion facility that claims to be concerned about women, not choose to be voluntarily licensed?

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

(A) "Ambulatory surgical treatment center" means any institution, place or building devoted primarily to the maintenance and operation of facilities for the performance of surgical procedures. "Ambulatory surgical treatment center" includes any place that meets and complies with the definition of an ambulatory surgical treatment center under the rules adopted by the Department or any facility in which a medical or surgical procedure is utilized to terminate a pregnancy, irrespective of whether the facility is devoted primarily to this purpose. Such facility shall not provide beds or other accommodations for the overnight stay of patients; however, facilities devoted exclusively to the treatment of children may provide accommodations and beds for their patients for up to 23 hours following admission. Individual patients shall be discharged in an ambulatory condition without danger to the continued well being of the patients or shall be transferred to a hospital.

The term "ambulatory surgical treatment center" does not include any of the following:

(1) Any institution, place, building or agency required to be licensed pursuant to the "Hospital Licensing Act", approved July 1, 1953, as amended.

(2) Any person or institution required to be licensed pursuant to the Nursing Home Care Act, the Specialized Mental Health Rehabilitation Act of 2013, the ID/DD Community Care Act, or the MC/DD Act.

(3) Hospitals or ambulatory surgical treatment centers maintained by the State or any department or agency thereof, where such department or agency has authority under law to establish and enforce standards for the hospitals or ambulatory surgical treatment centers under its management and control.

(4) Hospitals or ambulatory surgical treatment centers maintained by the Federal Government or agencies thereof.

(5) Any place, agency, clinic, or practice, public or private, whether organized for profit or not, devoted exclusively to the performance of dental or oral surgical procedures.

(6) Any facility in which the performance of abortion procedures, including procedures to terminate a pregnancy or to manage pregnancy loss, is limited to those performed without general, epidural, or spinal anesthesia, and which is not otherwise required to be an ambulatory surgical treatment center. For purposes of this paragraph, "general, epidural, or spinal anesthesia" does not include local anesthesia or intravenous sedation. Nothing in this paragraph shall be construed to limit any such facility from voluntarily electing to apply for licensure as an ambulatory surgical treatment center.



Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #4: Under Illinois law, it would seem that abortions may now be performed anywhere... even in 'back alleys'?

Prior to passage of the "Reproductive Health Act", the Disciplinary Action section of the Medical Practice Act of 1987, specified that the State could take action against any doctor or other person licensed under that act, if they performed an elective abortion in any "...*place, locale, facility or institution other than...*" those specified in the law, such as a licensed Ambulatory Surgical Treatment Center or a hospital.

However, the "Reproductive Health Act" deleted those specific types of facilities from the Medical Practice Act, and is silent on defining any type of facility to replace those that were previously listed.

Instead, the "Reproductive Health Act" simply states: "**A health care professional may provide abortion care in accordance with the health care professional's professional judgement and training and based on accepted standards of clinical practice consistent with the scope of his or her practice under the Medical Practice Act of 1987, the Nurse Practice Act, or the Physician Assistant Practice Act of 1987.**"

Technically, the "Reproductive Health Act" now leaves it to **the abortionist themselves** to judge whether they - **the abortionist** - is providing acceptable care, including it would seem, as to the location of that care.

Since abortion facilities are no longer covered under the Ambulatory Surgical Treatment Centers Act, and therefore do not need to be licensed or inspected by the State (and are prevented from being licensed or inspected by any local municipality), it would seem possible that some abortionist, in his or her "professional judgement", could consider their home, their vehicle, or even a 'back alley' to be an appropriate location for providing 'abortion care'.

The State is, after all, leaving that decision to the person performing the abortion.

How is this change in the law beneficial to either the people of the State of Illinois, or to women who might become clients of an abortion facility?

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

Section 910-45. The Medical Practice Act of 1987 is amended by changing Section 22 and 36 as follows:

(225 ILCS 60/22) (from Ch. 111, par. 4400-22)

(Section scheduled to be repealed on December 31, 2019)

Sec. 22. Disciplinary action.

(A) The Department may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

(1) (Blank). Performance of an elective abortion in any place, locale, facility, or institution other than:

(a) a facility licensed pursuant to the Ambulatory Surgical Treatment Center Act;

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(b) an institution licensed under the Hospital Licensing Act;

(c) an ambulatory surgical treatment center or hospitalization or care facility maintained by the State or any agency thereof, where such department or agency has authority under law to establish and enforce standards for the ambulatory surgical treatment centers, hospitalization, or care facilities under its management and control;

(d) ambulatory surgical treatment centers, hospitalization or care facilities maintained by the Federal Government; or

(e) ambulatory surgical treatment centers, hospitalization or care facilities maintained by any university or college established under the laws of this State and supported principally by public funds raised by taxation;

(2) (Blank). Performance of an abortion procedure in a willful and wanton manner on a woman who was not pregnant at the time the abortion procedure was performed.



Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #5: A doctor can no longer be disciplined for performing an 'abortion' on a woman who is not actually pregnant.

Prior to passage of the "Reproductive Health Act", the Disciplinary Action section of the Medical Practice Act of 1987, specified that the State could take action against any doctor or other person licensed under that act, for the:

"Performance of an abortion procedure in a willful and wanton manner on a woman who was not pregnant at the time the abortion procedure was performed."

Typically, the disciplinary action in such a case would have resulted in the doctor having their medical license revoked.

However, the "Reproductive Health Act" deleted this specific reason for disciplining a doctor.

Therefore, this change would seem to indicate that should a doctor perform an 'abortion' on a woman who is not actually pregnant, he or she cannot be disciplined in any way by the State.

Assuming that is now the case:

1. What will now prevent an unscrupulous doctor from examining a woman patient, claiming that she is pregnant when in fact she is not, and then performing what the doctor claims is an 'abortion' in order to charge the woman for the cost of the doctor's 'services'?
2. What will now protect a woman patient from such "willful and wanton" conduct by an unscrupulous doctor?

How is this change in the law beneficial to either the people of the State of Illinois, or to women who might become clients of an abortion facility?

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

Section 910-45. The Medical Practice Act of 1987 is amended by changing Section 22 and 36 as follows:

(225 ILCS 60/22) (from Ch. 111, par. 4400-22)

(Section scheduled to be repealed on December 31, 2019)

Sec. 22. Disciplinary action.

(A) The Department may revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action as the Department may deem proper with regard to the license or permit of any person issued under this Act, including imposing fines not to exceed \$10,000 for each violation, upon any of the following grounds:

(2) ~~(Blank). Performance of an abortion procedure in a willful and wanton manner on a woman who was not pregnant at the time the abortion procedure was performed.~~



Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #6: Information about abortions performed in the State of Illinois will now be hidden from the public.

The Illinois Freedom of Information Act opens with these words:

*Pursuant to the fundamental philosophy of the American constitutional form of government, it is declared to be the public policy of the State of Illinois that **all persons are entitled to full and complete information regarding the affairs of government... Such access is necessary to enable the people to fulfill their duties of discussing public issues fully and freely, making informed political judgments and monitoring government to ensure that it is being conducted in the public interest.***

*The General Assembly hereby declares that **it is the public policy of the State of Illinois that access by all persons to public records promotes the transparency and accountability of public bodies at all levels of government. It is a fundamental obligation of government to operate openly and provide public records as expediently and efficiently as possible in compliance with this Act.***

However, the "Reproductive Health Act" added an exception to the openness of the Freedom of Information Act, specifically:

"Information and records held by the Department of Public Health and its authorized representatives collected under the Reproductive Health Act."

The "Reproductive Health Act" still requires that every abortion performed by a health care professional in the State be reported to the Health Department within 10 days following the end of the month in which the abortion is performed. This report does not contain any patient's name or other identifying information, and access is limited to authorized Departmental staff for statistical purposes only.

But the State is now allowing those reports and supposedly the statistical data they contain to be hidden from the public. Even beyond that, the Act requires the submitted reports to be destroyed within 2 years after receipt - forever hiding them from public view.

**How is this change in the law in the public interest?
How does it ensure openness, or promote transparency and accountability?**

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

Section 910-15. The Freedom of Information Act is amended by changing Section 7.5 as follows:

(5 ILCS 140/7.5)

Sec. 7.5. Statutory exemptions. To the extent provided for by the statutes referenced below, the following shall be exempt

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Act.

(oo) Information and records held by the Department of Public Health and its authorized representatives collected under the Reproductive Health Act.



Facts About The Illinois Reproductive Health Act:

As a result of the "Reproductive Health Act" (IL SB-25), which was signed into law by Illinois Governor J.B. Pritzker on June 12, 2019:

Fact #7: Illinois State law continues the inconsistency of prohibiting the "homicide" of an "unborn child" ... sometimes.

The Criminal Code of Illinois State law includes Section 9-1-.2. which is entitled "Intentional Homicide of an Unborn Child", and begins with the following words:

"(a) A person commits the offense of intentional homicide of an unborn child if ..."

It then lists the various situations where a person would be charged with homicide of an unborn child and goes on to note that the sentence ***"...shall be the same as for first degree murder..."***

The "Reproductive Health Act" contains additional sections after this one with similar provisions in the case of "Voluntary Manslaughter", "Involuntary Manslaughter", "Reckless Homicide", "Battery" and "Aggravated Battery" - all in relation to an "unborn child".

However, the "Reproductive Health Act" adds an exception to the "Intentional Homicide of an Unborn Child" section of the law, specifically: ***"This Section shall not apply to acts which cause the death of an unborn child if those acts were committed during an abortion..."*** It includes a similar exception under the sections for Voluntary Manslaughter, "Involuntary Manslaughter", "Reckless Homicide", "Battery" and "Aggravated Battery".

The above are the only places where the "Reproductive Health Act" uses the term "unborn child" - which the Act defines here as ***"...any individual of the human species from the implantation of an embryo until birth."***

So even though Section 1-15 (c) of the same "Reproductive Health Act" states that ***"A fertilized egg, embryo, or fetus does not have independent rights under the laws of this State."***, here - in its amendments to the Criminal Code - the State of Illinois has stipulated that:

1. This is an individual (independent from other individuals, including its mother);
2. Who is as yet unborn; but
3. Who became a human child on implantation of the fertilized egg in its mother's womb; and
4. Will continue to be a human child until birth.

Does the State not see the inconsistency within its own law? Logically, how can it be both ways? How can abortion not also be the killing of an individual, human child? Just because someone 'chooses' to say it is not?

Actual image of Public Act 101-0013, cited as the "Reproductive Health Act"

Section 910-65. The Criminal Code of 2012 is amended by changing Section 9-1.2, 9-2.1, 9-3.2, and 12-3.1 as follows:

(720 ILCS 5/9-1.2) (from Ch. 38, par. 9-1.2)

Sec. 9-1.2. Intentional Homicide of an Unborn Child.

(a) A person commits the offense of intentional homicide of an unborn child if, in performing acts which cause the death of an unborn child, he without lawful justification:

(1) either intended to cause the death of or do great bodily harm to the pregnant individual woman or ~~her~~ unborn child or knew that such acts would cause death or great bodily harm to the pregnant individual woman or ~~her~~ unborn child; or

(2) knew that his acts created a strong probability of death or great bodily harm to the pregnant individual woman or ~~her~~ unborn child; and

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(3) knew that the individual woman was pregnant.

(b) For purposes of this Section, (1) "unborn child" shall mean any individual of the human species from the implantation of an embryo fertilization until birth, and (2) "person" shall not include the pregnant woman whose unborn child is killed.

(c) This Section shall not apply to acts which cause the death of an unborn child if those acts were committed during any abortion, as defined in Section 1-10 of the Reproductive Health Act, Section 2 of the Illinois Abortion Law of 1975, as amended, to which the pregnant individual woman has consented. This Section shall not apply to acts which were committed pursuant to usual and customary standards of medical practice during diagnostic testing or therapeutic treatment.



Voting Record for SB-25

**Vote Tally - "Reproductive Health Act" (SB0025) - By Vote and District
Senators - 101st General Assembly - May 31, 2019**

Vote	Party	Senator	Dist	Sponsor?
Yes	[D]	Sen. Antonio Muñoz	1	
Yes	[D]	Sen. Omar Aquino	2	Sponsor
Yes	[D]	Sen. Mattie Hunter	3	Sponsor
Yes	[D]	Sen. Kimberly A. Lightford	4	Sponsor
Yes	[D]	Sen. Patricia Van Pelt	5	
Yes	[D]	Sen. John J. Cullerton (now Sara Feigenholtz)	6	
Yes	[D]	Sen. Heather A. Steans	7	
Yes	[D]	Sen. Ram Villalobam	8	Sponsor
Yes	[D]	Sen. Laura Fine	9	Sponsor
Yes	[D]	Sen. Steven M. Landek	10	
Yes	[D]	Sen. Robert Pelters	12	
Yes	[D]	Sen. Emil Jones, III	13	Sponsor
Yes	[D]	Sen. Jacqueline Y. Collins	14	Sponsor
Yes	[D]	Sen. Edgie R. Sims, Jr.	17	Sponsor
Yes	[D]	Sen. Michael E. Hastings	19	Sponsor
Yes	[D]	Sen. Iris Y. Martinez	20	Sponsor
Yes	[D]	Sen. Cristina Castro	22	Sponsor
Yes	[D]	Sen. Laura Elman	21	
Yes	[D]	Sen. Thomas Cullerton	23	
Yes	[D]	Sen. Suzy Glowiak Hillon	24	
Yes	[D]	Sen. Ann Gillespie	27	Sponsor
Yes	[D]	Sen. Julie A. Morrison	28	
Yes	[D]	Sen. Terry Link	30	
Yes	[D]	Sen. Melinda Bush	31	Sponsor
Yes	[D]	Sen. Steve Stadelman	34	
Yes	[D]	Sen. Don Harmon	39	Sponsor
Yes	[D]	Sen. Tol W. Hutchinson (now Patrick J. Joyce)	40	
Yes	[D]	Sen. Linda Holmes	42	Sponsor
Yes	[D]	Sen. Pat McGuire	43	
Yes	[D]	Sen. David Koehler	46	
Yes	[D]	Sen. Scott M. Bennett	52	
Yes	[D]	Sen. Christopher Bert	57	
Present	[D]	Sen. Bill Cunningham	18	
Present	[D]	Sen. Jennifer Bertino-Tarrant	49	
Present	[D]	Sen. Rachelle Crowe	56	
No Vote	[D]	Sen. Martin A. Sandoval (now Celsa Villanueva)	11	Sponsor
No Vote	[D]	Sen. Napoleon Harris, III	15	
No	[R]	Sen. Jim Oberweis	25	
No	[R]	Sen. Dan McConchie	26	
No	[R]	Sen. Craig Wilcox	32	
No	[R]	Sen. Donald P. DeWitte	33	
No	[R]	Sen. Dave Swenson	35	
No	[R]	Sen. Neil Anderson	36	
No	[R]	Sen. Chuck Weaver	37	
No	[R]	Sen. Sue Rezin	38	
No	[R]	Sen. John F. Curran	41	
No	[R]	Sen. William E. Brady	44	
No	[R]	Sen. Brian W. Stewart	45	
No	[R]	Sen. Jill Tracy	47	
No	[R]	Sen. Andy Manar	48	
No	[R]	Sen. Steve McClure	50	
No	[R]	Sen. Chapin Rose	51	
No	[R]	Sen. Jason A. Barickman	53	
No	[R]	Sen. Jason Plummer	54	
No	[R]	Sen. Dale A. Righter	55	
No	[R]	Sen. Paul Schimpf	58	
No	[R]	Sen. Dale Fowler	59	

**Vote Tally - "Reproductive Health Act" (SB0025) - By Vote and District
Representatives - 101st General Assembly - May 28, 2019**

Vote	Party	Representative	Dist	Sponsor?
Yes	[D]	Rep. Aaron M. Ortiz	1	Sponsor
Yes	[D]	Rep. Theresa Mah	2	
Yes	[D]	Rep. Luis Atroyo (now Eva Dina Delgado)	3	
Yes	[D]	Rep. Delia C. Ramirez	4	Sponsor
Yes	[D]	Rep. Lamont J. Robinson, Jr.	5	
Yes	[D]	Rep. Sonya M. Harper	6	Sponsor
Yes	[D]	Rep. Emanuel Chris Welch	7	Sponsor
Yes	[D]	Rep. LaShawn K. Ford	8	
Yes	[D]	Rep. Arthur Turner	9	
Yes	[D]	Rep. Jawaharlal Williams	10	Sponsor
Yes	[D]	Rep. Ann M. Williams	11	Sponsor
Yes	[D]	Rep. Sara Feigenholtz (now vacant?)	12	Sponsor
Yes	[D]	Rep. Gregory Harris	13	Sponsor
Yes	[D]	Rep. Kelly M. Cassidy	14	Sponsor
Yes	[D]	Rep. John C. D'Amico	15	
Yes	[D]	Rep. Jennifer Gong-Genshowitz	17	Sponsor
Yes	[D]	Rep. Robert Marwick (now Lindsey LaPointe)	18	Sponsor
Yes	[D]	Rep. Robert Marwick (now Lindsey LaPointe)	19	Sponsor
Yes	[D]	Rep. Celsa Villanueva (now Edgar Gonzalez, Jr.)	21	Sponsor
Yes	[D]	Rep. Michael J. Zalewski	22	
Yes	[D]	Rep. Elizabeth Hernandez	23	
Yes	[D]	Rep. Curtis J. Tanver, II	24	Sponsor
Yes	[D]	Rep. Kambium Buckner	25	
Yes	[D]	Rep. Justin Slaughter	26	
Yes	[D]	Rep. Robert Rila	27	Sponsor
Yes	[D]	Rep. William Davis	28	
Yes	[D]	Rep. Mary E. Flowers	29	
Yes	[D]	Rep. Andrew Trapedi	30	
Yes	[D]	Rep. Marcus C. Evans, Jr.	31	
Yes	[D]	Rep. Nicholas K. Smith	32	Sponsor
Yes	[D]	Rep. Debbie Meyers-Martin	33	Sponsor
Yes	[D]	Rep. Will Guzzardi	34	
Yes	[D]	Rep. Jaime M. Andrade, Jr.	38	Sponsor
Yes	[D]	Rep. Anna Moeller	39	Sponsor
Yes	[D]	Rep. Fred Crespo	40	Sponsor
Yes	[D]	Rep. Terra Costa Howard	43	Sponsor
Yes	[D]	Rep. Mary Edly-Allen	44	
Yes	[D]	Rep. Mark L. Walker	45	
Yes	[D]	Rep. Martin J. Moylan	46	
Yes	[D]	Rep. Michelle Mussman	47	
Yes	[D]	Rep. Jonathan Carroll	48	Sponsor
Yes	[D]	Rep. Bob Morgan	49	Sponsor
Yes	[D]	Rep. Daniel Didech	50	Sponsor
Yes	[D]	Rep. Rita Mayfield	51	
Yes	[D]	Rep. Joyce Mason	52	
Yes	[D]	Rep. Sam Yingling	53	
Yes	[D]	Rep. Maurice A. West, II	54	
Yes	[D]	Rep. Michael Halpin	55	Sponsor
Yes	[D]	Rep. Kathleen Willis	56	Sponsor
Yes	[D]	Rep. Camille Y. Lilly	57	Sponsor
Yes	[D]	Rep. Anthony DeLuca	58	Sponsor
Yes	[D]	Rep. Anne Steva-Murray	59	Sponsor
Yes	[D]	Rep. Barbara Hernandez	60	
Yes	[D]	Rep. Stephanie A. Kifowit	61	
Yes	[D]	Rep. John Connor	62	
Yes	[D]	Rep. John Connor	63	
Yes	[D]	Rep. John Connor	64	
Yes	[D]	Rep. John Connor	65	Sponsor

Vote	Party	Representative	Dist	Sponsor?
Yes	[D]	Rep. Jehan Gordon-Booth	92	Sponsor
Yes	[D]	Rep. Natalie A. Manley	98	Sponsor
Yes	[D]	Rep. Carol Ammons	103	Sponsor
Yes	[D]	Rep. Katie Stuart	112	Sponsor
Yes	[D]	Rep. LaToya Greenwood	114	Sponsor
Present	[D]	Rep. Yehiel M. Kalish	16	
Present	[D]	Rep. Theodius Jones	29	
Present	[D]	Rep. Frances Ann Hurley	35	
Present	[D]	Rep. Kelly M. Burke	36	
No	[R]	Rep. Michael P. McNeill (now Bradley Stephens)	20	
No	[R]	Rep. Margo McDermed	37	
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No	[R]	Rep. Keith R. Wheeler	50	
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No	[R]	Rep. Tony McComble	71	
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No	[D]	Rep. David A. Welter	75	
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