			HOUSE BILLS		
Product Line Life/Health/All	**Bill "Nickname"**	**Bill Number/Link**	**Bill Description/Action**	**ILHIC Position**	**Status**
Health	Consumer Health Care Access Liaison	HB 0440 (HFA 0001) Morgan	**Amendment - (RE-REFERRED TO RULES)** *Replaces everything after the enacting clause. Amends the Department of Insurance Law of the Civil Administrative Code of Illinois. Provides that the Governor, with the advice and consent of the Senate, shall appoint a person within the Department of Insurance to serve as the Consumer Health Care Access Liaison for the State of Illinois. Provides that the Consumer Health Care Access Liaison shall receive an annual salary as set by the Governor and beginning July 1, 2023 shall be compensated from appropriations made for this purpose. Provides that the person appointed Consumer Health Care Access Liaison may be an existing employee with other duties. Provides that the Consumer Health Care Access Liaison shall have authority to oversee and direct functions at other State agencies related to network adequacy issues in Illinois, including, but not limited to, the Department of Public Health, the Department of Financial and Professional Regulation, and the Department of Healthcare and Family Services. Makes a conforming change in the Network Adequacy and Transparency Act.* ***Effective immediately.***	Monitor	HOUSE Re-referred to Rules
All	Paid Family Leave	HB 1006 Flowers	Creates the Paid Family Leave Act. Requires private employers with 50 or more employees to provide 6 weeks of paid leave to an employee who takes leave: (1) because of the birth of a child of the employee and in order to care for the child; (2) to care for a newly adopted child under 18 years of age or a newly placed foster child under 18 years of age or a newly adopted or newly placed foster child older than 18 years of age if the child is incapable of self-care because of a mental or physical disability; or (3) to care for a family member with a serious health condition. Provides that paid family leave shall be provided irrespective of the employer's leave policies; and shall be provided to an employee who has been employed by the employer for at least one year. Permits employees to voluntarily waive paid family leave.	Monitor	HOUSE Rules

			Provides that the Department of Labor may adopt any rules necessary to implement the Act.		
Life	Wage Insurance Act	HB 1014 Flowers	Requires the Department of Employment Security to establish a Wage Insurance Program. Provides that an individual is eligible for wage insurance benefits if the individual is a claimant under the Unemployment Insurance Act at the time the individual obtains reemployment and is not employed by the employer from which the individual was last separated. Provides that benefits shall be paid in an amount sufficient to pay the difference between the wage received by the individual at the time of separation and the wages received by the individual from reemployment. Imposes a 0.4% payroll tax on employees beginning January 1, 2024. Provides that claims for wage insurance benefits may be filed beginning June 1, 2024. Contains provisions concerning the recovery of erroneous payments; hearings; civil penalties; unpaid taxes; rules; and other matters. Creates the Wage Insurance Fund as a special fund in the State treasury. Amends the State Finance Act to include the Wage Insurance Fund. Amends the Freedom of Information Act. Exempts from inspection and copying information that is exempt from disclosure under the Wage Insurance Act.	Monitor	HOUSE Rules
Health	Wholesale Acquisition Cost	HB 1034 Flowers	Provides that the amendatory provisions apply to any manufacturer of a prescription drug that is purchased or reimbursed by specified parties. Provides that a manufacturer of a prescription drug with a wholesale acquisition cost of more than $40 for a course of therapy shall notify specified parties if the increase in the wholesale acquisition cost of the prescription drug is more than 10%, including the proposed increase and cumulative increase. Provides that the notice of price increase shall be provided in writing at least 60 days prior to the planned date of the increase. Provides that no later than 30 days after notification of a price increase or new prescription drug the manufacturer shall report specified additional information to specified parties. Provides that a manufacturer of a prescription drug shall provide written notice if the manufacturer is introducing a new prescription drug to market at a wholesale acquisition cost that	Monitor	HOUSE Rules

			exceeds a specified threshold. Provides that failure to provide notice under the amendatory provisions shall result in a civil penalty of $10,000 per day for every day after the notification period that the manufacturer fails to report the information. Requires the Department of Public Health to conduct an annual public hearing on the aggregate trends in prescription drug pricing. Requires the Department to publish on its website a report detailing findings from the public hearing and a summary of details from reports provided under the amendatory provisions, except for information identified as a trade secret or exempted under the Freedom of Information Act. Provides that the amendatory provisions shall not restrict the legal ability of a pharmaceutical manufacturer to change prices as permitted under federal law.		
Health	Defined Cost Sharing Rx Drugs (Rebates)	HB 1054 Mayfield	Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after January 1, 2024 that provides coverage for prescription drugs shall require that a covered individual's defined cost sharing for each prescription drug shall be calculated at the point of sale based on a price that is reduced by an amount equal to at least 100% of all rebates received in connection with the dispensation or administration of the prescription drug. Provides that an insurer shall apply any rebate amount in excess of the defined cost sharing amount to the health plan to reduce premiums. Provides that the provisions shall not preclude an insurer from decreasing a covered individual's defined cost sharing by an amount greater than the stated amount at the point of sale.	Oppose	HOUSE Re-referred to Rules
Life	Credit information Prohibition	HB 1059 Mayfield	Amends the Use of Credit Information in Personal Insurance Act. Provides that, notwithstanding any other law, an insurer authorized to do business in the State may not use the credit information of an applicant or a policyholder as a factor to determine insurance rates for any private passenger automobile insurance policy that is amended, delivered, issued, or renewed on or after the effective date of the amendatory Act. Directs the Department of Insurance to adopt rules to enforce and administer this requirement.	Oppose	HOUSE Re-referred to Rules

Life	Felony Underwriting	HB 1068 Mayfield	Provides that an insurer or producer authorized to issue policies of insurance in the State may not make a distinction or otherwise discriminate between persons, reject an applicant, cancel a policy, or demand or require a higher rate of premium for reasons based solely upon the basis that an applicant or insured has been convicted of a felony. HB 1068 (HCA 1) ~~**(PASSED)**~~ **(TABLED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that with respect to life insurance final expense policies, no life company authorized to issue those policies in the State shall refuse to insure, refuse to continue to insure, limit the amount, extent, or kind of coverage available to, or charge an individual a different rate for the same coverage solely on the basis that an insured or applicant has been convicted of a felony. Provides that nothing in the provisions shall be construed to require a life company to issue or otherwise provide coverage for a life insurance policy to a person who is actively incarcerated pursuant to a felony conviction. Defines "final expense policy".*	Oppose Neutral with Amendment #1	HOUSE Re-Referred to Rules
Health	Health Care For All	HB 1094 Flowers	Creates the Health Care for All Illinois Act. Provides that all individuals residing in this State are covered under the Illinois Health Services Program for health insurance. Sets forth requirements and qualifications of participating health care providers. Sets forth the specific standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the program. Requires the State to establish the Illinois Health Services Trust to provide financing for the program. Sets forth the specific requirements for claims billed under the program. Provides that the 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. Provides that patients in the program shall have the same rights and privacy as they are entitled to under current State and federal law. Provides that	Oppose	HOUSE Re-referred to Rules

			the 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, 2023.***		
Life	Family Leave Insurance Act	HB 1102 Flowers	Creates the Family Leave Insurance Act. Requires the Department of Employment Security to establish and administer a family leave insurance program. Provides family leave insurance benefits to eligible employees who take unpaid family leave to care for a newborn child, a newly adopted or newly placed foster child, or a family member with a serious health condition. Authorizes family leave of up to 12 weeks during any 24-month period. Authorizes compensation for leave in the amount of 85% of the employee's average weekly wage subject to a maximum of $881 per week. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family leave; defined terms; and other matters. HB 1102 (HCA 1)**(RE-REFERRED TO RULES)** *Replaces everything after the enacting clause. Changes the name of the Act to the Family Leave Insurance Program Act. Provides that a self-employed individual may elect to be covered under this Act. Provides that the self-employed individual must file a notice of election in writing with the Department of Employment Security and contribute to the State Benefit Fund. Provides that an employer may apply to the Department for approval of an employer-offered benefit plan that provides family and medical leave insurance benefits to the employer's employees. Provides that if spouses who are entitled to leave under this Act are employed by the same employer, the employer may require that the spouses not take more than 6 weeks of such leave concurrently. Makes other changes. Defines terms. Effective immediately, except that provisions concerning the State Benefits Fund*	Monitor (opportunity for insurance product NCOIL language) No position change/Monitor	HOUSE Re-referred to Rules

			take effect June 1, 2024 and provisions concerning the amount and duration of paid family leave take effect June 1, 2025.		
Health	State Based Exchange	HB 1229 Jones	Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance has the authority to operate the Illinois Health Benefits Exchange. Provides that the Director of Insurance may require plans in the individual market to be made available for comparison on the exchange, but may not require all plans be purchased exclusively on the exchange. Provides that the Director may require that plans offered on the exchange conform with standardized plan designs. Provides that the Director may apply a monthly assessment to each health benefits plan sold in the Illinois Health Benefits Exchange according to specified rates. Provides that the Director shall establish an advisory committee to provide advice to the Director concerning the operation of the exchange and that the advisory committee shall include specified members. Provides that the Department shall also have the authority to coordinate the operations of the exchange with the operations of the State Medicaid program and the FamilyCare Program to determine eligibility for those programs as soon as practicable. Provides that the Department shall adopt rules. Removes provisions concerning small employer health insurance coverage and markets. Makes other changes. ***Effective January 1, 2024***	Oppose This is not the Administration's State Based Exchange Bill	HOUSE Re-Referred to Rules
All	Plan of Operation Life/Health Insurance Guaranty Fund	HB 1233 Jones	Amends the Illinois Life and Health Insurance Guaranty Association Law of the Illinois Insurance Code. Provides that the Illinois Life and Health Insurance Guaranty Association must submit a plan of operation to the Director of Insurance within 200 days.	Monitor	HOUSE Re-referred to Rules
Health	Health Plan Benefit Data	HB 1348 Collins	Provides that no later than July 1, 2024, each health plan and pharmacy benefit manager operating in this State shall, upon request of a covered individual, his or her health care provider, or an authorized third party on his or her behalf, furnish specified cost, benefit, and coverage data to the covered individual, his or her health care provider, or the third party of his or her choosing and shall ensure that the data is: (1) current no later than one business day after any	Oppose	HOUSE Re-Referred to Rules

			change is made; (2) provided in real time; and (3) in a format that is easily accessible to the covered individual or, in the case of his or her health care provider, through an electronic health records system.		
All	Right to Know Act	HB 1381 Buckner	Provides that an operator of a commercial website or online service that collects personally identifiable information through the Internet about individual customers residing in Illinois who use or visit its commercial website or online service shall notify those customers of certain specified information pertaining to its personal information sharing practices. Requires an operator to make available certain specified information upon disclosing a customer's personal information to a third party, and to provide an e-mail address or toll-free telephone number whereby customers may request or obtain that information. Provides for a data protection safety plan. Provides for a right of action to customers whose rights are violated under the Act. Provides that any waiver of the provisions of the Act or any agreement that does not comply with the applicable provisions of the Act shall be void and unenforceable. Provides that no provision of the Act shall be construed to conflict with or apply to certain specified provisions of federal law or certain interactions with State or local government.	Monitor	HOUSE Re-referred to Rules
Health	Family Care Plans For Infants	HB 1468 Ford	Requires the Department of Public Health, in consultation with specified agencies and entities, to develop guidelines for hospitals, birthing centers, medical providers, Medicaid managed care organizations, and private insurers on how to conduct a family needs assessment and create a family care plan for an infant who may exhibit clinical signs of withdrawal from a controlled substance or medication. Requires an infant's family care plan to include a family needs assessment performed by a social worker or any other appropriate and trained individual or agency. HB 1468 (HCA 0001) **(RE-REFERRED TO RULES)** *Replaces everything after the enacting clause. Creates the Family Recovery Plans Implementation Task Force Act. Provides that it is the intent of the General Assembly to require a coordinated, public health, and service-integrated response by various agencies within the State's health and child welfare systems to address the substance use*	Monitor No position change/Monitor	HOUSE Re-referred to Rules

			treatment needs of infants born with prenatal substance exposure, as well as the treatment needs of their caregivers and families, by requiring the development, provision, and monitoring of family recovery plans. Creates the Family Recovery Plan Implementation Task Force within the Department of Human Services to review models of family recovery plans that have been implemented in other states; review research regarding implementation of family recovery plans care; and develop recommendations regarding the implementation of a family recovery plan model in Illinois, including developing an implementation plan and identifying any necessary policy, rule, or statutory changes. Contains provisions concerning the composition of the Task Force; meetings; co-chairs; administrative support; and reporting requirements. Provides that the Task Force is dissolved, and the Act is repealed, on January 1, 2027. Amends the Abused and Neglected Child Reporting Act. Requires the Department of Children and Family Services to develop a standardized CAPTA notification form that is separate and distinct from the form for written confirmation reports of child abuse or neglect. Defines "CAPTA notification" to mean notification to the Department of an infant who has been born and identified as affected by prenatal substance exposure or a fetal alcohol spectrum disorder as required under the federal Child Abuse Prevention and Treatment Act. Provides that a CAPTA notification shall not be treated as a report of suspected child abuse or neglect, shall not be recorded in the State Central Registry, and shall not be discoverable or admissible as evidence in any proceeding pursuant to the Juvenile Court Act of 1987 or the Adoption Act unless the named party waives his or her right to confidentiality in writing. Repeals a provision requiring the Department of Children and Family Services to report to the State's Attorney whenever the Department receives a report that a newborn infant's blood contains a controlled substance. Amends the Juvenile Court Act of 1987. Removes newborn infants whose blood, urine, or meconium contains any amount of a controlled substance from the list of children presumed neglected or abused under the Act. In a provision listing the types of evidence that constitutes prima facie evidence of		

			neglect, removes from the list: (i) proof that a minor has a medical diagnosis of fetal alcohol syndrome; (ii) proof that a minor has a medical diagnosis at birth of withdrawal symptoms from narcotics or barbiturates; and (iii) proof that a newborn infant's blood, urine, or meconium contains any amount of a controlled substance. Amends the Adoption Act. In the definition of "unfit parent", removes language providing that there is a rebuttable presumption that a parent who gives birth is unfit if a test result confirms that at birth the child's blood, urine, or meconium contained any amount of a controlled substance. Removes language providing that a parent is unfit if there is a finding that at birth the child's blood, urine, or meconium contained any amount of a controlled substance and that the biological mother of the child is the biological mother of at least one other child who was adjudicated a neglected minor by a court in accordance with the Juvenile Court Act of 1987. ***Effective immediately.***		
Life	Family Medical Leave Act	HB 1530 Harper	Requires the Department of Employment Security to establish and administer a Family and Medical Leave Insurance Program that provides family and medical leave insurance benefits to eligible employees. Sets forth eligibility requirements for benefits under the Act. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family and medical leave; defined terms; and other matters.	Monitor	HOUSE Re-referred to Rules
Health	Provider Non-discrimination	HB 1601 Hoffman	Prohibits issuers from discriminating with respect to participation of a non-participating provider, mandating issuers to reimburse these providers acting within the scope of the providers license, regardless if they are in network or not.	Oppose	HOUSE Re-referred to Rules
All	Dental Loss Ratio	HB 2070 Gong-Gershowitz	Provides that a health insurer or dental plan carrier that issues, sells, renews, or offers a specialized health insurance policy covering dental services shall, beginning July 1, 2023, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions	Oppose	HOUSE Re-referred to Rules

			concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.		
All	Dental Care Reimbursement	HB 2071 Gong-Gershowitz	Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. ***Effective immediately***.	Oppose	HOUSE Re-referred to Rules
Health	Coverage Mandate low-dose Mammography	HB 2078 Faver Dias	Amends the Accident and Health Article of the Illinois Insurance Code. Provides that coverage for screening by low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer shall include a screening MRI or ultrasound (rather than a screening MRI when medically necessary, as determined by a physician licensed to practice medicine in all of its branches).	Oppose	HOUSE Re-referred to Rules
All	Supplier Diversity Report	HB2088 Jones Harris, III	Amends the Illinois Insurance Code. Provides that every company authorized to do business in the State or accredited by the State with assets of at least $50,000,000 shall submit a report on its voluntary supplier diversity program, or the company's procurement program if there is no supplier diversity program, to the Department of Insurance. Provides that the voluntary supplier diversity report shall set forth specified information. Provides that each company is required to submit a report to the Department on or before April 1, 2024, and on or before April 1 every year thereafter. Provides that the Department shall publish the results of supplier diversity reports on its Internet website for 5 years after submission. Provides that the Department shall hold an annual insurance company supplier diversity workshop in July of 2024 and every July thereafter to discuss the reports with representatives of the companies and vendors. Provides that the Department shall prepare a one-page template for the voluntary supplier diversity reports. Provides that the Department may adopt rules necessary to implement the provisions. Makes conforming		SENATE Re-Referred to Assignments

			changes in the Dental Service Plan Act, the Health Maintenance Organization Act, and the Limited Health Service Organization Act.		
Life	Insurance Motor Vehicles	HB 2203 Guzzardi	Provides that every insurer or insurance company group selling automobile liability insurance in the State shall demonstrate that its marketing, underwriting, rating, claims handling, fraud investigations, and any algorithm or model used for those business practices do not disparately impact any group of customers based on race, color, national or ethnic origin, religion, sex, sexual orientation, disability, gender identity, or gender expression. Provides that no rate shall be approved or remain in effect that is excessive, inadequate, unfairly discriminatory, or otherwise in violation of the provisions. Provides that every insurer that desires to change any rate shall file a complete rate application with the Director of Insurance.	Oppose	HOUSE Re-referred to Rules
Health	Colonoscopy Coverage Mandate	HB 2385 Nichols	Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for a colonoscopy determined to be medically necessary for persons aged 39 years old to 75 years old. HB 2385 (HFA 0001) **(RE-REFERRED TO RULES)** *Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for a colonoscopy determined to be medically necessary (rather than determined to be medically necessary for persons aged 39 years old to 75 years old).*	Oppose No change in position/ Oppose	HOUSE Re-Referred to Rules
Health	Air Ambulance	HB 2391 Scherer	Provides that ground ambulance services are subject to provisions concerning billing for emergency services and nonparticipating providers. Changes the definition of "health care provider" to include ground ambulance services. ***Effective immediately***.	Monitor	HOUSE Rules
Health	Senior Fitness Coverage Mandate	HB 2445 Manley	Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for basic fitness center membership costs for	Oppose	HOUSE Re-referred to Rules

			individuals 65 years of age and older. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code.		
Health	Adverse Determination	HB 2472 Morgan	Department's Adverse Determination bill	Oppose (working with DOI)	HOUSE Re-referred to Rules
Health	Eating Disorder Task Force	HB 2498 Costa Howard	Creates the Eating Disorder Treatment Parity Task Force within the Department of Insurance to review reimbursement to eating disorder treatment providers in Illinois as well as out-of-state providers of similar services. Provides for the membership of the Task Force. Provides that the Task Force shall elect a chairperson from its membership and shall have the authority to determine its meeting schedule, hearing schedule, and agendas. Provides that appointments shall be made within 60 days after the effective date of the amendatory Act. Provides that the Task Force shall review insurance plans and rates and provide recommendations for rules, and the findings, recommendations, and other information determined by the Task Force to be relevant shall be made available on the Department's website. Provides that the Task Force shall submit findings and recommendations to the Director of Insurance, the Governor, and the General Assembly by December 31, 2023. Provides for repeal of the provisions on January 1, 2025.	Monitor	HOUSE Re-referred to Rules
Health	Telehealth-Treat – UNI Student	HB2550 Rohr Villivalam	Amends the Telehealth Act. Provides that a health care professional may treat a patient located in another state if the patient is a student attending an out-of-state institution of higher education but is otherwise a resident in the State when not attending the institution of higher education. **House Floor Amendment No. 1** Replaces everything after the enacting clause. Amends the Telehealth Act. Provides that an out-of-state health care professional may treat a patient located in this State through telehealth if the patient is a student attending an institution of higher education in this State, but is		SENATE Assignments

			otherwise not a resident of the State when not attending the institution of higher education.		
Health	Network Adequacy Specialists	HB 2580 Hauter	Provides that the Department of Insurance shall determine whether the network plan at each in-network hospital and facility has a sufficient number of hospital-based medical specialists to ensure that covered persons have reasonable and timely access to such in-network physicians and the services they direct or supervise. Defines "hospital-based medical specialists".	Monitor	HOUSE Rules
Health	Medicare Reimbursement Rate pending resolution	HB 2581 Hauter	Provides that for any bill submitted to arbitration, the health insurance issuer shall pay the provider or facility at least the current Medicare reimbursement rate pending the resolution of the arbitration.	Oppose	HOUSE Rules
Health	Repeal Reproductive Health Act	HB 2606 Niemerg	Repeals the Reproductive Health Act	No position	HOUSE Rules
Health	Short Term Limited Duration Plans	HB 2613 Davis	Provides that any short-term, limited duration health insurance coverage policy that is delivered or issued for delivery in the State must have an expiration date in the policy that is less than 181 days after the effective date or December 31 of the current year, whichever is later (rather than must have an expiration date in the policy that is less than 181 days after the effective date).	No position	HOUSE Re-referred to Rules
Health	Electronic Communication	HB 2779 Rita	Provides that the plan sponsor of a health benefit plan may, on behalf of persons covered by the plan, provide the consent to the mailing of all communications related to the plan by electronic means and to the electronic delivery of any health insurance identification card; that before consenting on behalf of a party, a plan sponsor must confirm that the party routinely uses electronic communications during the normal course of employment; and that before providing communications or delivery by electronic means, the insurer providing the health benefit plan must provide the covered person an opportunity to opt out of communications or delivery by electronic means.	No position	HOUSE Rules
Health	White Bagging	HB 2814 Lilly	Provides that a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2023 that provides prescription drug	Oppose	HOUSE

			coverage or its contracted pharmacy benefit manager shall not engage in or require an enrollee to engage in specified prohibited acts. Provides that a clinician-administered drug supplied shall meet the supply chain security controls and chain of distribution set by the federal Drug Supply Chain Security Act.		Re-referred to Rules
Health	Health Gaps Study	HB 2815 Lilly	Requires the Department of Insurance to conduct a study to better understand the gaps in health insurance coverage for uninsured residents, including the reasons why individuals are uninsured and whether insured individuals are insured through an employer-sponsored plan or through the Illinois health insurance marketplace. Requires the Department to submit a report of its findings and recommendations to the General Assembly 12 months after the effective date of the amendatory Act. Amends the Hospital Licensing Act and the University of Illinois Hospital Act. Provides that hospitals licensed under the Act shall provide health insurance coverage to all of their workforce.	Monitor	HOUSE Re-referred to Rules
Health	Prosthetic Device Mandate	HB 3036 Guzzardi	Provides that with respect to an enrollee at any age, in addition to coverage of a prosthetic or custom orthotic device, benefits shall be provided for a prosthetic or custom orthotic device determined by the enrollee's provider to be the most appropriate model that is medically necessary for the enrollee to perform physical activities, as applicable, such as running, biking, swimming, and lifting weights, and to maximize the enrollee's whole body health and strengthen the lower and upper limb function. Provides that the requirements of the provisions do not constitute an addition to the State's essential health benefits that requires defrayal of costs by the State pursuant to specified federal law.	Oppose	HOUSE Rules
Life	Cemeteries	HB 3102 Andrade (Cervantes)	Defines "average fair market value", "total return percentage", and "net income". Provides that a trustee may apply to the Comptroller to establish a master trust fund in which deposits are made. Allows a cemetery authority to take distributions from its fund either by distributing ordinary income or total return distribution. Requires an application for the implementation of the total return distribution method to be submitted to the Comptroller at least 120 days before	Monitor	SENATE Assignments

			the effective date of the election to receive total return distribution. Allows, where no receiver is available, a circuit court to order a willing local municipality, township, county, or city to take over the cemetery. Repeals a provision regarding the use of care funds. HB 3102 (HCA 0001) **(~~PASSED~~) TABLED)** *Replaces everything after the enacting clause with the provisions of the introduced bill, and makes the following changes: Provides that it shall be unlawful for any person to restrain, prohibit, or interfere with the burial of a decedent whose time of death and religious tenets or beliefs necessitate burial on a Sunday or legal holiday or prohibit in any manner, dedications of monuments or headstones, family visitations, or visitations to veterans' memorials on a Sunday or legal holiday. Provides that nothing in such provisions shall require any maintenance staff or burial professionals to be present on the day of such dedications.* ***Adds an effective date of January 1, 2025.*** HB 3102 (HFA 0002) **(ADOPTED)** ***Adds an effective date of January 1, 2025.***	No position change/Monitor	
Health	Contraceptive Coverage Mandate	HB 3148 Avelar	Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the State after January 1, 2024 shall provide coverage for emergency contraceptives. ***Effective immediately.***	Oppose	HOUSE Re-referred to Rules
Health	Coronary Calcium Scan	HB 3183 Weber	Provides that an individual or group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2025 shall cover a medically necessary coronary calcium scan and scoring every 24 months for individuals over the age of 40. Defines "coronary calcium scan and scoring". Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. *Effective January 1, 2024.*	Neutral	HOUSE Rules

Health	Health Care Rare Condition Mandate	HB 3229 LaPointe	Amends the Illinois Insurance Code to require an insurance policy to provide coverage for medically necessary treatments for genetic, rare, unknown or unnamed, and unique conditions, including Ehlers-Danlos syndrome and altered drug metabolism. Provides that an insurance policy that provides coverage for prescription drugs shall include coverage for opioid alternatives, coverage for medicines included in the Model List of Essential Medicines published by the World Health Organization, and coverage for custom-made medications and medical food. Provides that an insurance policy that limits the quantity of a medication in accordance with applicable State and federal law shall not require pre-approval for the treatment of patients with rare metabolism conditions that may need a higher dose of medication than what is otherwise allowed within a time frame or prescription schedule. Provides that the burden of proving that treatment is medically necessary shall not lie with the insured in cases of rejections for filing claims, preauthorization requests, and appeals related to coverage required under the Section.	Oppose	HOUSE Rules
Health	Neonatal Cost Care	HB 3251 Rita	Amends the Accident and Health Article of the Illinois Insurance Code. Provides that no health insurer may charge a patient out-of-network rates for neonatal care at any hospital.	Oppose	HOUSE Re-referred to Rules
All	Market Conduct Study	HB 3325 Jones	Provides that the Department of Insurance shall file any market conduct studies seeking to levy fines against an insurance company with the General Assembly before each legislative session and the General Assembly must approve before any fines are required. Provides that the Department of Insurance shall conduct a hearing with the HOUSE Insurance Committee and Senate Insurance Committee before any further proceedings occur. Provides that before the release of announcements of the fines to the public, there shall be an appeal process scheduled within 30 days after the committee hearings.	Support	HOUSE Re-referred to Rules
Health	Menopause Society Mandate	HB 3347 Costa Howard	Provides that a group or individual policy of accident and health insurance that is amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide, for individuals 40 years of age and older, coverage for an annual menopause health	Oppose	HOUSE Rules

			visit with a North American Menopause Society Certified Menopause Practitioner without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement upon the insured.		
Health	Drugs From Canada	HB 3490 Huynh	Provides that the Department of Public Health shall establish the canadian prescription drug importation program for the importation of safe and effective prescription drugs from Canada which have the highest potential for cost savings to the State. Provides that the Department shall contract with a vendor to provide services under the program. Provides that by December 1, 2023, and each year thereafter, the vendor shall develop a wholesale prescription drug importation list identifying the prescription drugs that have the highest potential for cost savings to the State. Provides that the vendor shall identify Canadian suppliers that are in full compliance with the provisions of the Act and contract with the Canadian suppliers to import drugs under the program. Provides for: a bond requirement; requirements for eligible prescription drugs; requirements for eligible Canadian suppliers; requirements for eligible importers; distribution requirements; federal approval; prescription drug supply chain documentation; immediate suspension of specified imported drug; requirements of an annual report; notification of federal approval.	Monitor	HOUSE Re-referred to Rules
Health	Medicaid Option	HB 3496 Olickal	Provides that on or after the effective date of the amendatory Act, an insurer shall allow a covered individual to purchase a health plan offered pursuant to the medical assistance program under the Illinois Public Aid Code.	Oppose	HOUSE Re-referred to Rules
Health	Long Acting Contra Info Act	HB3585 Weber	Creates the Long-Acting Reversible Contraception Information Act. Provides that the Department of Public Health shall create and allocate funding for an online learning module to promote postpartum and postabortion long-acting reversible contraception insertion. Provides that long-acting reversible contraception services and information may be provided by physicians to any minor over the age of 12 who meets specified qualifications. Provides that the Department shall provide printed materials, guidance, and information on how to obtain low-cost and no-cost contraceptives. Provides that the Department shall develop a long-acting reversible contraception promotion plan	Monitor	HOUSE Re-referred to Rules

			intended to reduce cases of neonatal abstinence syndrome and fetal substance exposure. Provides that the Department shall produce an annual report on the program. Provides that the Department shall adopt rules necessary to carry out the Act. Amends the Illinois Insurance Code. Provides that an individual or group policy of accident and health insurance shall also cover long-acting reversible contraception on the day of the abortion as long as the procedure is medically feasible. Amends the Pharmacy Practice Act. Provides that a pharmacist licensed under the Act who dispenses self-administered hormonal contraceptives shall provide the patient with information on the effectiveness and availability of intrauterine devices and implants. Amends the Reproductive Health Act. Provides that a health care professional shall provide information about intrauterine devices at the time that a health care professional performs an abortion.		
Health	Protect Health Data Act	HB 3603 Williams	Provides that a regulated entity shall disclose and maintain a health data privacy policy that, in plain language, clearly and conspicuously disclosures specified information. Provides that a regulated entity shall prominently publish its health data privacy policy on its website homepage. Provides that a regulated entity shall not collect, share, sell, or store categories of health data not disclosed in the health data privacy policy without first disclosing the categories of health data and obtaining the consumer's consent prior to the collection, sharing, selling, or storing of such data. Prohibits the collection, sharing, selling, or storing of health data. Describes the regulated entity's duty to obtain consent; the consumer's right to withdraw consent; prohibitions on discrimination; prohibitions on geofencing; a private right of action; enforcement by the Attorney General; and conflicts with other laws.	Oppose	HOUSE Re-Referred to Rules
All	Vision Care Regulation Act	HB 3725 Moeller	Creates the Vision Care Regulation Act (Similar to Castro's Vision Bill)	Oppose	HOUSE Re-Referred to Rules
Health	PBM Prohibitions	HB 3761 Guzzardi	Provides that a pharmacy benefit manager may not prohibit a pharmacy or pharmacist from selling a more affordable alternative to the covered person if a more affordable alternative is available. Provides that a pharmacy benefit manager shall not reimburse a	Oppose	HOUSE Re-referred to Rules

			pharmacy or pharmacist in this State an amount less than the amount that the pharmacy benefit manager reimburses a pharmacy benefit manager affiliate for providing the same pharmaceutical product. Provides that a pharmacy benefit manager is prohibited from conducting spread pricing in the State. Sets forth provisions concerning pharmacy network participation, fiduciary responsibility, and pharmacy benefit manager transparency. Provides that a pharmacy benefit manager shall report to the Director on a quarterly basis and that the report is confidential and not subject to disclosure under the Freedom of Information Act. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022). Defines terms. Amends the Network Adequacy and Transparency Act. Sets forth provisions concerning pharmacy benefit manager network adequacy. Makes other changes.		
Health	PBM Steering Prohibition	HB 3787 Lilly	Provides that a pharmacy benefit manager shall not: steer a beneficiary; order a covered individual to fill a prescription or receive pharmacy care services from an affiliated pharmacy; reimburse a pharmacy or pharmacist for a pharmaceutical product or pharmacist service in an amount less than the amount that the pharmacy benefit manager reimburses itself or an affiliate for providing the same product or services; offer or implement plan designs that require patients to use an affiliated pharmacy; or advertise, market, or promote a pharmacy by an affiliate to patients or prospective patients	Oppose	HOUSE Re-referred to Rules
All	Parks and Rec Exemption (Paid Leave)	HB 3810 DeLuca	If and only if Senate Bill 208 of the 102nd General Assembly becomes law, amends the Paid Leave for All Workers Act by providing that the definition of "employer" does not include municipalities that have a parks and recreation department.	Monitor	HOUSE Re-referred to Rules
Health	First Responder/ Veteran Cost Share	HB 3812 Guerrero-Cuellar	Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide any mental health treatment coverage without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement for any police officer, firefighter, emergency medical services personnel, or veteran.	Oppose	HOUSE Re-Referred to Rules

			HB 3812 (HFA 0001) **(RE-REFERRED TO RULES)** *Removes provisions concerning the Illinois Public Aid Code.* HB 3812 (HFA 0002) **(REREFERRED TO RULES)** *Replaces everything after the enacting clause. Amends the Counties Code and the Illinois Municipal Code. Provides that, if a municipality or county, including a home rule municipality or county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include mental health counseling for any police officer, firefighter, emergency medical services personnel, or employee who is a veteran without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage to the extent such coverage would disqualify a high-deductible health plan from eligibility from a health savings account pursuant to the Internal Revenue Code. Preempts home rule*	No position change/Oppose Neutral with Amendment #2	
Health	Medicare for All	HB 3855 Huynh	Provides that all individuals residing in the State are covered under the Illinois Health Services Program for health insurance. Sets forth the health coverage benefits that participants are entitled to under the Program. Sets forth the qualification requirements for participating health providers. Sets forth standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the Program. Provides that investor-ownership of health delivery facilities is unlawful. Provides that the State shall establish the Illinois Health Services Trust to provide financing for the Program. Sets forth the requirements for claims billing under the Program. Provides that the Program shall include funding for long-term care services and mental health services. Provides that the Program shall establish a single prescription drug formulary and list of approved durable medical goods and supplies. 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. Sets forth provisions concerning patients' rights. Provides that the employees of the Program shall be compensated in	Oppose	HOUSE Rules

			accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. *Effective January 1, 2024.*		
Health	Policy Readability	HB 3861 Benton	Requires insurance policies to be written in language easily readable and understandable by a person of average intelligence and education. Provides the factors the Director of Insurance shall consider in making the determination that the policy is easily readable and understandable by a person of average intelligence and education.	Oppose	HOUSE Re-Referred to Rules
Health	Cranial Prostheses Mandate	HB 3920 Meyers-Martin	Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for cranial prostheses when prescribed as part of a course of rehabilitative treatment by a physician licensed to practice medicine in all of its branches. Makes conforming changes in the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code	Oppose	HOUSE Re-referred to Rules
Health	Congenital Anomaly Mandate	HB 3974 Mason	Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act shall cover charges incurred and services provided for outpatient and inpatient care in conjunction with services that are provided to a covered individual related to the diagnosis and treatment of a congenital anomaly or birth defect. Provides that the required coverage includes any service to functionally improve, repair, or restore any body part involving the cranial facial area that is medically necessary to achieve normal function or appearance. Provides that any coverage provided may be subject to coverage limits, such as pre-authorization or pre-certification, as required by the plan or issuer that are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan. Provides that the coverage does not apply to a policy that covers only dental care. Defines "treatment". ***Effective January 1, 2024.***	Oppose	HOUSE Rules

Health	Network Adequacy & Transparency Act	HB 4025 Scherer	Amends the Network Adequacy and Transparency Act. Provides that the Department of Insurance shall create a Network Adequacy Unit within the Department for the purpose of investigating insurers for compliance with the Act and enforcing its provisions. Provides that the Director of Insurance may hire and retain insurance analysts, managers, actuaries, and any other staff necessary to operate the Network Adequacy Unit. Provides that the Director may, in the Director's sole discretion, publicly acknowledge the existence of an ongoing network adequacy market conduct examination before filing the examination report. ***Effective July 1, 2023***.	Oppose	HOUSE Rules
Health	Prior Authorization Emergency	HB4055 Hauter	Amends the Prior Authorization Reform Act. Changes the definition of "emergency services" to provide that for the purposes of the provisions, emergency services are not required to be provided in the emergency department of a hospital. Provides that notwithstanding any other provision of law, a health insurance issuer or a contracted utilization review organization may not require prior authorization or approval by the health plan for emergency services.	Oppose	HOUSE Rules
All	Health Data Privacy Act	HB4093 Williams	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 a consumer without first obtaining valid authorization from the consumer. Provides that a valid authorization to sell consumer health data must contain specified information; a copy of the signed valid authorization must be provided to the consumer; 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 a consumer has the right to withdraw consent from the collection, sharing, sale, or storage of the consumer's health data. Provides that it	Oppose	HOUSE Rules

			is unlawful for a regulated entity to engage in discriminatory practices against consumers solely because they have not provided consent to the collection, sharing, sale, or storage of their health data or have exercised any other rights provided by the provisions or guaranteed by law. Sets forth provisions concerning a consumer's right to confirm whether a regulated entity is collecting, selling, sharing, or storing any of the consumer's health data; a consumer's right to have the consumer's health data that is collected by a regulated entity deleted; prohibitions regarding geofencing; and consumer 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.		
Health	INS CD – Infertility Coverage	HB4112 Croke	Amends the Illinois Insurance Code. Provides that no group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits may be issued, amended, delivered, or renewed in this State on or after January 1, 2025 unless the policy contains coverage for the diagnosis and treatment of infertility. Requires such coverage to include procedures necessary to screen or diagnose a fertilized egg before implantation. Provides that coverage for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if the procedures: (1) are considered medically appropriate based on clinical guidelines or standards developed by the American Society for Reproductive Medicine, the American College of Obstetricians and Gynecologists, or the Society for Assisted Reproductive Technology; and (2) are performed at medical facilities or clinics that conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization or the American Society for Reproductive Medicine minimum standards for practices offering assisted reproductive technologies. Makes changes in the Counties Code, the Illinois	monitor	HOUSE Rules

			Municipal Code, the School Code, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code to provide that infertility insurance must be included in health insurance coverage for employees. Effective immediately.		
All	Market Conduct	HB4126 Scherer	Amends the Illinois Insurance Code. Adds provisions concerning market analysis and market conduct actions. Makes changes to provisions concerning market conduct and non-financial examinations, examination reports, insurance compliance self-evaluative privilege, confidentiality, fees and charges, examination, and fiduciary and bonding requirements. Amends the Network Adequacy and Transparency Act. Adds definitions. Establishes minimum ratios of providers to beneficiaries for network plans issued, delivered, amended, or renewed during 2024. Makes changes to provisions concerning network adequacy, notice of nonrenewal or termination, transition of services, network transparency, administration and enforcement, and provider requirements. Amends the Managed Care Reform and Patient Rights Act. Makes changes to provisions concerning notice of nonrenewal or termination and transition of services. Amends the Illinois Administrative Procedure Act to authorize the Department of Insurance to adopt emergency rules implementing federal standards for provider ratios, time and distance, or appointment wait times when such standards apply to health insurance coverage regulated by the Department of Insurance and are more stringent than the State standards extant at the time the final federal standards are published. Effective immediately.	Oppose	HOUSE Rules
Life	Life Insurance – Genetic Prohibitions	HB4142 Syed	Amends the Genetic Information Privacy Act. Provides that an insurer may not seek information derived from genetic testing for use in connection with a policy of life insurance. Provides that an insurer may consider the results of genetic testing in connection with a policy of life insurance if the individual voluntarily submits the results and the results are favorable to the individual. Amends the Illinois Insurance Code. Provides that an insurer must comply with the provisions of the Genetic Information Privacy Act in connection with the amendment,	Oppose	HOUSE Rules

			delivery, issuance, or renewal of a life insurance policy; claims for or denial of coverage under a life insurance policy; or the determination of premiums or rates under a life insurance policy.		
Health	Prohibition Advanced Payment	HB4154 Harper	Amends the Medical Patient Rights Act. Provides that a patient who is covered under a policy of accident and health insurance, dental plan, or vision care plan is entitled to receive medical, dental, or eye care services without being required to pay an amount in excess of the estimated cost share, copayment, or deductible before those services are provided if such services are typically covered under the policy of accident and health insurance, dental plan, or vision care plan.	Monitor	HOUSE Rules
Health	Mammogram Coverage	HB4180 Syed	Amends the Counties Code, the Illinois Municipal Code, the Illinois Insurance Code, the Health Maintenance Organization Act, and the Illinois Public Aid Code. In provisions concerning coverage for mammograms, provides that coverage for certain types of mammography shall be made available to patients of a specified age (rather than only women of a specified age). Makes changes to require coverage for molecular breast imaging and, in those cases where its not already covered, magnetic resonance imaging of breast tissue. Provides that the Department of Healthcare and Family Services shall convene an expert panel, including representatives of hospitals, free-standing breast cancer treatment centers, breast cancer quality organizations, and doctors, including radiologists that are trained in all forms of FDA approved breast imaging technologies, breast surgeons, reconstructive breast, surgeons, oncologists, and primary care providers to establish quality standards for breast cancer treatment. Makes technical changes. Effective immediately.	Oppose	HOUSE Rules
	Paid Leave for All	HB4190 Ness	Amends the Paid Leave for All Workers Act. Changes the effective date of the Act from January 1, 2024 to July 1, 2024. Effective immediately.		House Filed with Clerk

			SENATE BILLS		
Health	Insulin Pump coverage Mandate	SB 54 Fine	Amends the Illinois Insurance Code. Provides that coverage for self-management training and education, equipment, and supplies for diabetes treatment shall include insulin pumps and medical supplies required for the use of an insulin pump when medically necessary and prescribed by a physician licensed to practice medicine in all of its branches.	Oppose (amendment with effective date change forthcoming)	SENATE Re-referred to Assignments
Health	Medicare Enrollment Period	SB 56 Fine	Amends the Illinois Insurance Code. In provisions concerning Medicare supplement policy minimum standards, provides that if an individual is at least 65 years of age but no more than 75 years of age and has an existing Medicare supplement policy, then the individual is entitled to an annual open enrollment period lasting 45 days, commencing with the individual's birthday, and the individual may purchase any Medicare supplement policy with the same issuer or any affiliate authorized to transact business in the State (instead of only the same issuer) that offers benefits equal to or lesser than those provided by the previous coverage.	Oppose	SENATE Re-referred to Assignments
All	Genetic Information Prohibition	SB 68 Fine	Provides that, with regard to any policy, contract, or plan offered, entered into, issued, amended, or renewed on or after January 1, 2024 by a health insurer, life insurer, or long-term care insurer authorized to transact insurance in this State, a health insurer, life insurer, or long-term care insurer may not: (1) cancel, limit, or deny coverage or establish differentials in premium rates based on a person's genetic information; or (2) require or solicit an individual's genetic information, use an individual's genetic test results, or consider an individual's decisions or actions relating to genetic information or a genetic test in any manner for any insurance purpose. Provides that the provisions may not be construed as preventing a life insurer or long-term care insurer from accessing an individual's medical record as part of an application exam. Provides that nothing in the provisions prohibits a life insurer or long-term care insurer from considering a medical diagnosis included in an individual's medical record, even if the	Oppose	SENATE Re-referred to Assignments

			diagnosis is based on the results of a genetic test. ***Effective July 1, 2023.***		
Health	Coverage and Deductible Year Alignment	SB 92 Fine	Provides that the Director of Insurance shall issue rules to establish specific standards which may cover, but shall not be limited to, alignment of an accident and health insurance policy's coverage year and deductible year for the purpose of determining patient out-of-pocket cost-sharing limits. Defines "coverage year" and "deductible year".	Oppose	SENATE Assignments
Health	HMO In-Network Referral	SB 130 Fine	Provides that the powers of a health maintenance organization include the voluntary use of a referral system for enrollees to access providers under contract with or employed by the health maintenance organization. Provides that the provisions shall not be construed as requiring the use of a referral system to obtain a certificate of authority.	Support	SENATE Re-referred to Assignments
Health	Reproductive Healthcare Network Adequacy	SB 241 Ellman	Provides that an insurer providing a network plan shall file a description with the Director of Insurance of written policies and procedures on how the network plan will provide 24-hour, 7-day per week access to reproductive health care. Provides that the Department of Insurance shall consider establishing ratios for reproductive health care physicians or other providers. ***Effective July 1, 2024, except that certain changes take effect January 1, 2025***.	Oppose	SENATE Referred to Assignments
Health	Insurance Waiver ACA	SB 288 Rezin	Prohibits the State from applying for any federal waiver that would reduce or eliminate any protection or coverage required under the Patient Protection and Affordable Care Act (Affordable Care Act) that was in effect on January 1, 2017, including, but not limited to, any protection for persons with preexisting conditions and coverage for services identified as essential health benefits under the Affordable Care Act. Provides that the State or an agency of the executive branch may apply for such a waiver only if granted authorization by the General Assembly through joint resolution. Amends the Illinois Insurance Code. Prohibits the State from applying for any federal waiver that would permit an individual or group health insurance plan to reduce or eliminate any protection or coverage required under the	Monitor	SENATE Assignments

			Affordable Care Act that was in effect on January 1, 2017, including, but not limited to, any protection for persons with preexisting conditions and coverage for services identified as essential health benefits under the Affordable Care Act. Provides that the State or an agency of the executive branch may apply for such a waiver only if granted authorization by the General Assembly through joint resolution. Amends the Illinois Public Aid Code. Prohibits the State or an agency of the executive branch from applying for any federal Medicaid waiver that would result in more restrictive standards, methodologies, procedures, or other requirements than those that were in effect in Illinois as of January 1, 2017 for the Medical Assistance Program, the Children's Health Insurance Program, or any other medical assistance program in Illinois operating under any existing federal waiver authorized by specified provisions of the Social Security Act. Provides that the State or an agency of the executive branch may apply for such a waiver only if granted authorization by the General Assembly through joint resolution. ***Effective immediately***.		
Health	Riding Therapy Coverage Mandate	SB 311 Murphy	Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act shall provide coverage for hippotherapy and other forms of therapeutic riding.	Oppose	SENATE Re-referred to Assignments
Health	Rate Review	SB 324 Fine	Provides that all individual and small group accident and health policies written subject to certain federal standards must file rates with the Department of Insurance for approval. Provides that unreasonable rate increases or inadequate rates shall be disapproved. Provides that when an insurer files a schedule or table of premium rates for individual or small employer health benefit plans, the Department of Insurance shall post notice of the premium rate filings, rate filing summaries, and other information about the rate increase or decrease online on the Department's website. Provides that the Department shall open a 30-day public comment period on the date that a rate filing is posted on the website. Provides that after the close of the public comment period, the Department shall issue a decision to approve, disapprove,	Oppose	SENATE Assignments

			or modify a rate filing, and post the decision on the Department's website. Provides that the Department shall adopt rules implementing specified procedures. Defines "inadequate rate" and "unreasonable rate increase".		
	Postcard Disclosure	SB 0371 (SFA 0001) Ventura	Replaces everything after the enacting clause. Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that provisions restricting the mailing of postcards or letters under specified circumstances apply to companies not connected to the company from which the recipient has purchased or obtained goods, services, or other merchandise. Provides that postcards or letters sent in compliance with the consumer protections of the Truth in Lending Act or the Truth in Savings Act are deemed to be in compliance with this Section. Makes conforming changes. Effective January 1, 2024.	Monitor	SENATE 3rd Reading *Amendment: State Government*
All	Illinois Work Without Fear Act	SB 0504 (SFA 0001) Aquino	*Replaces everything after the enacting clause. Creates the Illinois Work Without Fear Act. Provides that it is unlawful for any person to engage in, or to direct another person to engage in, retaliation against any person or their family member or household member for the purpose of, or with the intent of, retaliating against any person for exercising any right protected under State employment laws or by any local employment ordinance. Sets forth the duties and powers of the Department of Labor under the Act. Allows the Attorney General to initiate or intervene in a civil action to obtain appropriate relief if the Attorney General has reasonable cause to believe that any person has violated the Act and deems it necessary to protect the rights and interests of Illinois workers. Provides that nothing in the Act shall be construed to prevent any person from making complaint or prosecuting his or her own claim for damages caused by retaliation. Allows a person who is the subject of retaliation prohibited by the Act to bring a civil action for: (1) back pay, with interest, and front pay, or, in lieu of actual damages, liquidated damages of $30,000; (2) a civil penalty in an amount of $10,000; (3) reasonable attorney's fees and court costs; and (4) equitable relief as the court may deem appropriate and just. Provides that a person that violates any provision of the Act shall be*	Monitor	SENATE Third Reading ***Amendment - Executive Committee***

			subject to an additional civil penalty in an amount of $25,000 for each violation, or $50,000 for each repeat violation within a 5-year period. Sets forth license suspension penalties for violations of the Act. Amends the Whistleblower Act. Changes the definitions of "employer" and "employee". Defines "public body", "retaliatory action", and "supervisor". Provides that an employer may not take retaliatory action against an employee who discloses or threatens to disclose information about an activity, policy, or practice of the employer that the employee has reasonable cause to believe violates a State or federal law, rule, or regulation or poses a substantial and specific danger to public health or safety. Includes additional relief, damages, and penalties for violation of the Act. Allows the Attorney General to initiate or intervene in a civil action to obtain appropriate relief if the Attorney General has reasonable cause to believe that any person or entity is engaged in a practice prohibited by the Act and deems it necessary to protect the rights and interests of Illinois workers.		
Health	PBM	SB 0757 (SFA 0001) Koehler (Welch)	**Amendment – (WITHDRAWN)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that when conducting a pharmacy audit, an auditing entity shall comply with specified requirements. Provides that an auditing entity conducting a pharmacy audit may have access to a pharmacy's previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. Provides that a violation of the provisions shall be an unfair and deceptive act or practice. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual*	Oppose	HOUSE Re-referred to Rules

			financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that a contract between a pharmacy or pharmacist and a pharmacy benefit manager must contain specified provisions. Defines terms. SB 0757 (SFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that when conducting a pharmacy audit, an auditing entity shall comply with specified requirements. Provides that an auditing entity conducting a pharmacy audit may have access to a pharmacy's previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that an auditing entity must provide a copy to the plan sponsor of its claims that were included in the audit, and any recouped money shall be returned to the plan sponsor, unless otherwise contractually agreed*	Neutral with Amendment #2	

			upon by the plan sponsor and the pharmacy benefit manager. Defines terms.		
	Farm Mutual Reinsurance Reform	SB 0765 (SFA 0001) N. Harris	Replaces everything after the enacting clause. Amends the Farm Mutual Insurance Company Act of 1986. Provides that, until the date that is 5 years after the effective date of the amendatory Act, a farm mutual insurance company insuring against the perils of wind or hail must have and maintain adequate catastrophic reinsurance (instead of catastrophic reinsurance which limits the company's exposure on any one loss occurrence to 20% of its policyholders' surplus). Defines "adequate catastrophic reinsurance" as reinsurance in an amount no less than that required for a 500-year event, based on an actuarially sound catastrophe model that limits the company's exposure on any one loss occurrence to (i) 20% of its policyholders' surplus or (ii) an amount authorized by the Director of Insurance. Provides that a farm mutual insurance company must additionally have and maintain aggregate reinsurance coverage in an amount no less than that required for a 250-year event, based on an actuarially sound catastrophe model. Provides that the reinsurance permitted or required under the provisions must be provided by (i) a farm mutual insurance company, (ii) an insurance company authorized to write the kinds of insurance described in the Illinois Insurance Code pertaining to casualty, fidelity, surety, fire, marine, and other types of insurance, or (iii) a reinsurer and reinsurance program meeting the standards set forth in the Illinois Insurance Code that permit a domestic company to take credit for reinsurance. Requires a farm mutual insurance company converting from unlimited catastrophic reinsurance to adequate catastrophic reinsurance to provide notice of the change to policyholders in a form approved by the Director of Insurance. Provides that the provisions of the amendatory Act become inoperative on and after the date that is 5 years after the effective date of the amendatory Act. Effective immediately.	Support	SENATE Passed
	Mandate for Insulin	SB 0853 (SFA 0003)	Amends the State Employees Group Insurance Act of 1971. Provides that, beginning on July 1, 2024 (rather than January 1, 2024), the	Monitor	SENATE 3rd Reading

	Injectables for Weightloss (STATE EMPLOYEES ONLY)	Joyce	program of health benefits covered under the Act (rather than the State Employees Group Insurance Program) shall provide coverage for all types of medically necessary injectable medicines (rather than injectable medicines) prescribed on-label or off-label to improve glucose or weight loss for use by adults diagnosed or previously diagnosed with prediabetes, gestational diabetes, or obesity. Provides that, to continue to qualify for coverage under the provisions, the continued treatment must be medically necessary, and covered members must, if given advance, written notice, participate in a lifestyle management plan administered by their health plan. Amends the Emergency Telephone System Act. Provides that the Governor's appointments to the Statewide 9-1-1 Advisory Board shall have a term of 3 years and until their respective successors are appointed (rather than a term of 3 years).		*Amendment: State Govt.* ***RECOMMEND ADOPTED***
Life	Zip-Code Prohibition	SB 1227 Preston	Amends the Illinois Insurance Code. Provides that an insurer authorized to do business in the State may not use an individual's zip code in underwriting or rating insurance coverage, including the determination of premium rates.	Oppose	SENATE Re-referred to Assignments
Life	Family Medical Leave Program	SB 1234 Villivalam	Creates the Family and Medical Leave Insurance Program Act. Requires the Department of Employment Security to establish and administer a Family and Medical Leave Insurance Program that provides family and medical leave insurance benefits to eligible employees. Sets forth eligibility requirements for benefits under the Act. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family and medical leave; defined terms; and other matters. Amends the State Finance Act. Creates the Family and Medical Leave Insurance Account Fund. Provides phase-in periods for the collection of money and making of claims for benefits under the Act. ***Effective January 1, 2024***.	Monitor	SENATE Re-referred to Assignments
Health	White Bagging	SB 1255 Castro	Provides that a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2024 that provides prescription drug coverage or its contracted pharmacy benefit manager shall not engage	Oppose	SENATE Re-referred to Assignments

			in or require an enrollee to engage in specified prohibited acts. Provides that a clinician-administered drug supplied shall meet the supply chain security controls and chain of distribution set by the federal Drug Supply Chain Security Act.		
All	Dental Loss Ratio Act	SB 1287 Fine	Sets forth provisions concerning dental loss ratio reporting. Provides that a health insurer or dental plan carrier that issues, sells, renews, or offers a specialized health insurance policy covering dental services shall, beginning July 1, 2023, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.	Oppose	SENATE Re-referred to Assignments
Health	Dental Network Plan Change	SB 1288 Fine	In provisions concerning provider notification of dental plan changes, provides that no insurer, service corporation, dental service plan corporation, insurance network leasing company, or any company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act that provides dental insurance may automatically enroll a provider in a leased network without the provider's written consent. Provides that any contract entered into or renewed on or after the effective date of the amendatory Act that allows the rights and obligations of the contract to be assigned or leased to another insurer shall provide for notice that informs each provider in writing via certified mail 90 days before any scheduled assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease within 30 days after the assignment or lease to the contracting dentist). SB 1288 (SFA 0001) (**ADOPTED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that no dental carrier may automatically enroll a provider in a leased network without allowing any provider that is part of the dental carrier's provider network to choose to not participate by opting out. Provides that the provisions do not apply if access to a provider network contract is granted to a dental carrier or*	Oppose Neutral with Amendment #1	SENATE Re-referred to Assignments

			an entity operating in accordance with the same brand licensee program as the contracting entity or to a provider network contract for dental services provided to beneficiaries of specified health plans. Provides that any contract entered into or renewed on or after the effective date of the amendatory Act that allows the rights and obligations of the contract to be assigned or leased to another insurer shall provide for notice that informs each provider in writing via certified mail 60 days before any scheduled assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease within 30 days after the assignment or lease to the contracting dentist). Makes other changes.		
All	Dental Reimbursement	SB 1289 Fine (Gong-Gershowitz)	Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. ***Effective immediately.*** SB 1289 (SFA 0001) ***(*ADOPTED)** *Provides that fees incurred directly by a dental care provider from third parties related to transmitting an automated clearing house network claim, transaction management, data management, or portal services and other fees charged by third parties that are not in the control of the dental plan carrier shall not be prohibited by the provisions.*	Oppose Neutral with Amendment #1	HOUSE Re-ferred to Rules
Health	Medical Patient Rights	SB 1300 Joyce	Establishes the right of each patient to receive from his or her health care provider an estimated cost of nonemergency medical treatment prior to undergoing the nonemergency medical treatment.	Monitor	SENATE Assignments
Health	Home Equipment Reimbursement	SB 1422 Joyce	Provides that if the policies, agreements, or arrangements of an insurer operate unreasonably in restricting an insured individual's ability to obtain home medical equipment, then an insurer is required to reasonably reimburse its insured for expenses incurred due to the unreasonable restriction. Defines "arrangement".	Oppose	SENATE Assignments

All	Market Conduct	SB 1479 Gillespie	Department's Market Conduct Language	Oppose	SENATE Re-referred to Assignments
Health	Mental Health First Responders	SB 1512 Hastings	Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide any mental health treatment coverage without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement for any police officer, firefighter, emergency medical services personnel, or veteran.	Oppose	SENATE Re-referred to Assignments
All	Vision Care Regulation Act	SB 1540 Castro	Provides that no vision care organization may issue a contract that requires an eye care provider to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Provides that an eye care provider who chooses not to accept amounts set by a vision care plan for noncovered services or noncovered materials shall post a specified notice. Requires fees for covered services and materials to be reasonable and clearly listed on a fee schedule provided to the eye care provider. Prohibits a vision care organization from misrepresenting the benefits of a vision care plan as a means of selling coverage or communicating the benefit coverage to enrollees.	Oppose	SENATE Re-referred to Assignments
Health	Insurance Coverage Changes	SB 1557 Murphy	Provides that no individual or group policy of accident and health insurance or managed care organization shall change an insured's eligibility or coverage during a contract period. Provides that during a contract period, insureds shall have the protection and continuity of their providers, medication, covered benefits, and formulary during the contract period. Amends the Illinois Public Aid Code making conforming changes. SB1557 (SCA1) (**RE-REFERRED TO ASSIGNMENTS)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. In provisions concerning insurance contract terms, removes a managed care*	Oppose Neutral with Amendment #1	SENATE Re-referred to Assignments

			organization from policies subject to specified requirements. Removes provisions concerning the Illinois Public Aid Code.		
Health	Insulin Co Pay $35	SB 1559 Murphy (Guzzardi)	Amends the Illinois Insurance Code. In provisions concerning cost sharing in prescription insulin drugs, provides that an insurer that provides coverage for prescription insulin drugs under the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed $35 (rather than $100). *Effective immediately.* SB1559 (SCA 1)(**PASSED)** *Provides that the Department of Insurance shall offer a discount program that allows participants to purchase insulin at a discounted, post-rebate price. Sets forth provisions concerning the discount program. Changes the effective date to January 1, 2025 (rather than effective immediately). Removes provisions concerning an insulin urgent-need program.*	Oppose Neutral with Amendment #1	HOUSE Re-referred to Rules
Health	Athletic Trainers	SB 1585 Cunningham	Provides that the definition of "health care professional" includes athletic trainers.	Monitor	SENATE Re-referred to Assignments
Health	Health Plan Benefit Data	SB 1618 Morrison	Provides that no later than July 1, 2024, each health plan and pharmacy benefit manager operating in this State shall, upon request of a covered individual, his or her health care provider, or an authorized third party on his or her behalf, furnish specified cost, benefit, and coverage data to the covered individual, his or her health care provider, or the third party of his or her choosing and shall ensure that the data is: (1) current no later than one business day after any change is made; (2) provided in real time; and (3) in a format that is easily accessible to the covered individual or, in the case of his or her health care provider, through an electronic health records system. Provides that the format of the request shall use specified industry content and transport standards.	Oppose	SENATE Re-referred to Assignments

Health	Health Insurance Employment	SB 1708 Simmons	Provides that a group policy of accident and health insurance or a managed care plan amended, delivered, issued, or renewed on or after the effective date of the amendatory Act that an employer makes available to any employee shall also be made available to all individuals employed by the employer, regardless of the amount of hours per week an employee works.	Oppose	SENATE Re-referred to Assignments
Health	$35 Insulin Co Pay	SB 1756 Turner	Provides that an insurer that provides coverage for prescription insulin drugs pursuant to the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed $35 (rather than $100).	Oppose	SENATE Assignments
Health	Insurance billing	SB 1762 Gillespie	In provisions concerning required disclosures on contracts and evidences of coverage of accident and health insurance, provides that insurers must notify beneficiaries that nonparticipating providers may bill members for any amount up to the billed charge after the plan has paid its portion of the bill, except for specified services, including items or services provided to a Medicare beneficiary, insured, or enrollee.	Oppose	SENATE Re-referred to Assignments
Health	Glucose Monitor Mandate	SB 1773 Morrison	Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for medically necessary continuous glucose monitors for individuals who are diagnosed with type 1 or type 2 diabetes, gestational diabetes, maturity-onset diabetes of the young, neonatal diabetes, diabetes caused by Wolfram syndrome, diabetes caused by Alstrom syndrome, latent autoimmune diabetes in adults, steroid-induced diabetes, or cystic fibrosis diabetes (rather than only type 1 or type 2 diabetes) and require insulin for the management of their diabetes.	Oppose	SENATE Re-referred to Assignments
Health	Patient Billing Collection	SB 1802 Murphy	Provides that before pursuing a collection action against an insured patient for the unpaid amount of services rendered, a health care provider must review a patient's file to ensure that the patient does not have a Medicare supplement policy or any other secondary payer health insurance plan. Provides that if, after reviewing a patient's file, the health care provider finds no supplemental policy in the patient's	Monitor	SENATE Re-referred to Assignments

			record, the provider must then provide notice to the patient and give that patient an opportunity to address the issue.		
Health	Rate Review	SB 1912 Fine	Provides that the Department of Insurance shall establish the Office of the Healthcare Advocate. Provides that the Office shall be administered by the Chief Health Care Advocate, who shall report to the Director of Insurance. Amends the Illinois Insurance Code and the Health Maintenance Organization Act. Provides that all individual and small group accident and health policies written subject to certain federal standards must file rates with the Department for approval. Provides that unreasonable rate increases or inadequate rates shall be modified or disapproved. Provides that when an insurer files a schedule or table of premium rates for individual or small group health benefit plans, the insurer shall post notice of the premium rate filings and a filing summary in plain language on the insurer's website. Provides that the Department shall post all insurers' rate filings and summaries on the Department's website. Provides that the Department shall open a 30-day public comment period on the date that a rate filing is posted on the website. Provides that the Department shall hold a public hearing during the 30-day comment period. Provides that the Director shall adopt affordability standards that must be considered in any decision to approve, disapprove, or modify rate filings. Provides that after the close of the public comment period, the Department shall issue a decision to approve, disapprove, or modify a rate filing, and post the decision on the Department's website. SB 1912 (SCA 0001) **(RE-REFERRED TO ASSIGNMENTS)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill. Provides that the Department of Insurance shall establish the Office of the Healthcare Advocate within the State health benefits exchange (rather than only the Department shall establish the Office of Healthcare Advocate). Provides that the Healthcare Advocate (rather than the Director of Insurance) shall develop and recommend affordability standards that must be considered by the Director in any decision to approve, disapprove, or modify rates. Provides that*	Oppose No position change/Oppose	SENATE Re-referred to Assignments

			beginning plan year 2026 (rather than without a specified application date), rate increases for all individual and small group accident and health insurance policies subject to specified provisions must be filed with the Department for approval. Provides that beginning plan year 2025 (rather than without a specified application date), when an insurer or a health maintenance organization files a schedule or table of premium rates for individual or small group health benefit plans, the insurer or health maintenance organization shall post notice of the rate filing and a filing summary in plain language on the insurer's or organization's website. Provides that the Department shall hold a public hearing within 10 days after public comments are posted on the Department's website (rather than the Department shall hold a public hearing during a 30-day comment period). Provides that all insurers and health maintenance organizations selling plans in the individual and small group markets shall appear at the public hearing to explain their rate filings and justifications. Makes other changes.		
Health	Ambulance	SB 1925 Holmes	Provides that nothing in the provisions shall require an ambulance provider to bill a beneficiary, insured, enrollee, or health insurance issuer when prohibited by any other law, rule, ordinance, contract, or agreement. Limits home rule powers. Changes the definition of "emergency services" and "health care provider". Amends the Health Maintenance Organization Act. Removes language providing that upon reasonable demand by a provider of emergency transportation by ambulance, a health maintenance organization shall promptly pay to the provider, subject to coverage limitations stated in the contract or evidence of coverage, the charges for emergency transportation by ambulance provided to an enrollee in a health care plan arranged for by the health maintenance organization. SB 1925 (SCA 0001) **(RE-REFERRED TO ASSIGNMENTS)** *Includes a provider of ground ambulance services in the definition of "health care provider".*	Monitor No position change/Monitor	SENATE Re-referred to Assignments

All	Insurance Business Transfer Act	SB 1961 Cunningham (SWAPPED TO SB 762)	Provides that notwithstanding any other provision of law, a court may issue any order, process, or judgment that is necessary or appropriate to carry out the provisions of this Act. Sets forth provisions concerning notice requirements, application procedure, application to a court for approval of a plan, approval and denial of insurance business transfer plans, and fees and costs. Provides that the Department of Insurance may adopt rules that are consistent with the provisions. Provides that the portion of the application for an insurance business transfer that would otherwise be confidential, including any documents, materials, communications, or other information submitted to the Director of Insurance in contemplation of an application, shall not lose such confidentiality. Provides that insurers consent to the jurisdiction of the Director with regard to ongoing oversight of operations, management, and solvency relating to the transferred business. Provides that at the time of filing its application for review and approval of an insurance business transfer plan, an applicant shall pay a nonrefundable fee of $10,000 to the Department.	Monitor	SENATE Re-referred to Assignments
Health	Patient Billing	SB 2080 Peters	Requires hospitals to screen patients for health insurance and financial assistance. Prohibits the sale of a patient's medical debt by a hospital. Prohibits hospitals from offering a payment plan to an uninsured patient without first exhausting any discount available to the uninsured patient under the Hospital Uninsured Patient Discount Act and from entering into a payment plan for a bill that is eligible to be discounted by 100% under the Hospital Uninsured Patient Discount Act. Makes other changes. Amends the Hospital Uninsured Patient Discount Act. Provides that hospital may not make the availability of a discount and maximum collectible amount contingent upon an uninsured patient's eligibility for specified programs if the patient declines to apply for a public health insurance program on the basis of concern for immigration-related consequences to the patient, which shall not be grounds for the hospital to deny financial assistance under the hospital's financial assistance policy.	Monitor	SENATE Re-referred to Assignments
Health	Benefit Screenings	SB 2176 Simmons	Provides that notwithstanding any provision to the contrary, an individual or group policy of accident and health insurance amended,	Oppose	SENATE

			delivered, issued, or renewed in this State on or after the effective date of the amendatory Act shall provide coverage of specified health benefits for individuals at least 55 years of age but no more than 65 years of age.		Re-referred to Assignments
Health	Family Benefit Screenings	SB 2191 Villivalam	Provides that every policy issued, amended, delivered, or renewed in this State on or after January 1, 2025 shall provide coverage for the domestic partner, child of the domestic partner, sibling, parent, or live-in family member of an insured or policyholder that is equal to and subject to the same terms and conditions as the coverage provided to a spouse or an insured policyholder.	Oppose	SENATE Assignments
All	Paid Family Leave Insurance Program	SB 2217 Castro	Requires the Department of Employment Security to establish and administer a Family Leave Insurance Program that provides family leave insurance benefits to eligible employees. Sets forth eligibility requirements for benefits under the Act. Provides that a self-employed individual may elect to be covered under the Act. Contains provisions concerning disqualification from benefits; compensation for family leave; the amount and duration of benefits; employer equivalent plans; an annual report by the Department; hearings; penalties; notice; the coordination of family leave; and rules. Amends the State Finance Act. Creates the State Benefits Fund. *Effective immediately, except that provisions concerning the State Benefits Fund take effect June 1, 2024 and provisions concerning the amount and duration of paid family leave take effect June 1, 2025.*	Monitor	SENATE Re-referred to Assignments
Health	ISMS Batch Bill	SB 2295 Morrison	In provisions concerning billing for services provided by nonparticipating providers or facilities, provides that if attempts to negotiate reimbursement for services provided by a nonparticipating provider do not result in a resolution of the payment dispute within 30 days after receipt of written explanation of benefits by the health insurance issuer, then the health insurance issuer, nonparticipating provider, or the facility may initiate binding arbitration to determine payment for services provided on a per-bill or a batched-bill basis (instead of only a per-bill basis) in accordance with specified law.	Neutral	SENATE Re-referred to Assignments

Health	Easy Enrollment	SB 2312 Villanueva	Provides that the Department of Insurance shall establish an easy enrollment program that shall establish a State–based reporting system to provide information about the health insurance status of State residents obtained through State income tax returns to identify uninsured individuals and determine whether an uninsured individual is interested in obtaining minimum essential coverage through the program of medical assistance under the Illinois Public Aid Code or another State health plan, determine whether an uninsured individual who is interested in obtaining minimum essential coverage qualifies for an insurance affordability program, proactively contact an uninsured individual who is interested in obtaining minimum essential coverage to assist in enrolling the uninsured individual in an insurance affordability program and minimum essential coverage, and maximize enrollment of eligible uninsured individuals in insurance affordability programs and minimum essential coverage to improve access to care and reduce insurance costs for all residents of the State.	Monitor	SENATE Re-referred to Assignments
Life	Financial Transaction Tax	SB 2351 Ventura	Beginning January 1, 2024, imposes a tax on the privilege of engaging in a financial transaction on any of the following exchanges or boards of trade: the Chicago Stock Exchange, the Chicago Mercantile Exchange, the Chicago Board of Trade, or the Chicago Board Options Exchange. Provides that the tax is imposed at a rate of $1 per transaction for all transactions for which the underlying asset is an agricultural product, a financial instruments contract, or an options contract. Provides that transactions executed via open outcry that are physically filled on the exchange floor are exempt from the tax. Provides that the term "financial transaction" means a transaction involving the purchase or sale of a stock contract, futures contract, swap contract, credit default swap contract, or options contract, but does not include a transaction involving securities held in a retirement account or a transaction involving a mutual fund. ***Effective January 1, 2024.***	Oppose	SENATE Assignments
Health	Vison Hearing Dental	SB 2362 Ventura	Provides that every insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace	Oppose	SENATE Re-referred to Assignments

			in the State and Medicaid managed care organizations providing coverage for hospital or medical treatment on or after January 1, 2024 shall provide coverage for medically necessary treatment of vision, hearing, and dental disorders or conditions. Sets forth provisions concerning availability of plan information, notification, external review, limitations on benefits for medically necessary services, and medical necessity determinations. Provides that if the Director of Insurance determines that an insurer has violated the provisions, the Director may assess a civil penalty between $1,000 and $5,000 for each violation. Sets forth provisions concerning vision, hearing, and dental disorder or condition parity.		
All	Supplier Diversity Report	SB 2381 Harris III	Requires every insurance company authorized to do business in this State or accredited by this State with assets of at least $50,000,000 to submit an annual report on its voluntary supplier diversity program to the Department of Insurance. Sets forth provisions on what the report must include and how and when the report must be submitted. Provides that, for each report, the Department shall publish the results on its Internet website for 5 years after submission. Requires the Department to hold an annual insurance company supplier diversity workshop in February of 2024 and every February thereafter to discuss the reports with representatives of the insurance companies and vendors. Provides that the Department shall prepare a template for voluntary supplier diversity reports. ***Effective immediately.***	Monitor/ Neutral	SENATE Re-referred to Assignments
All	General Revisory	SB 2437 Cunningham	Creates the First 2023 General Revisory Act. Combines multiple versions of Sections amended by more than one Public Act. Renumbers Sections of various Acts to eliminate duplication. Corrects obsolete cross-references and technical errors. Makes stylistic changes. ***Effective immediately*.**	Monitor	SENATE Re-referred to Assignments
Health	Benefit Mandate non-insulin injectables	SB2572 Castro	Amends the Illinois Insurance Code. In provisions concerning infertility coverage, provides that no group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits may be issued, amended, delivered, or renewed in the State on or after January 1, 2024 unless the policy contains coverage for the diagnosis and treatment of	Oppose	SENATE Referred to Assignments

			infertility, including procedures necessary to screen or diagnose a fertilized egg before implantation. Provides that coverage for procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if the procedures comply with specified requirements. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide, for individuals 45 years of age and older, coverage for an annual menopause health visit. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for all types of injectable medicines prescribed on-label or off-label to improve glucose or weight loss for use by adults diagnosed or previously diagnosed with prediabetes, gestational diabetes, or obesity. Makes other changes. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. Effective immediately.		
Health	Benefit Mandate/ Wigs	SB2573 Harris, III	Amends the Accident and Health Article of the Illinois Insurance Code. Provides that a group or individual plan of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide coverage for wigs or other scalp prostheses worn for hair loss caused by alopecia, chemotherapy, or radiation treatment for cancer or other conditions. Makes a conforming change in the Health Maintenance Organization Act and the Voluntary Health Services Plans Act. Effective immediately.	Oppose	SENATE Referred to Assignments
Health	Fertility Preservation	SB2623 Toro	Amends the Illinois Insurance Code. Requires an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the State after June 1, 2024 to provide coverage for		Senate Assignments

			expenses for standard fertility preservation services and follow-up services related to that coverage. Defines "standard fertility preservation services" as procedures based upon current evidence-based standards of care established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other national medical associations that follow current evidence-based standards of care. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code. Effective immediately.		