

All Lines - HOUSE BILLS					
Product Line Life/Health/All	Bill “Nickname”	Bill Number/Link	Bill Description/Action	ILHIC Position	Status
All	Cyber Security Insurance	HB47 Hoffman	Provides that if the entry of an Order of Liquidation occurs on or after January 1, 2023, then the obligations shall not exceed \$500,000 or exceed without any deduction \$50,000 for any unearned premium claim or refund under any one policy. Provides that in no event shall the Fund be obligated to pay an amount in excess of \$500,000 in the aggregate for all first-party and third-party claims under a policy or endorsement providing cybersecurity insurance coverage and arising out of or related to a single insured event, regardless of the number of claims made or number of claimants. Provides that the Illinois Insurance Guaranty Fund shall have the right to appoint or approve and to direct legal counsel and other service providers under any other insurance policies subject to the provisions, regardless of any limitations in the policy. Provides that the Fund may employ or retain such persons as are necessary to provide policy benefits and services. Provides that the Fund may, at its sole discretion and without assumption of any ongoing duty to do so, pay any cybersecurity insurance obligations covered by a policy of an insolvent company on behalf of a high net worth insured.	Monitor	HOUSE 3 rd Reading
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

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			Provides that the Department of Labor may adopt any rules necessary to implement the Act.		
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
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
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 concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.	Oppose	HOUSE Re-referred to Rules
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	Oppose	HOUSE Re-referred to Rules

			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. <i>Effective immediately.</i>		
All	Dental Network Plan Change	HB 2072 Gong-Gershowitz	<p>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). Provides that an 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 that leases or assigns its network shall not cancel a network participating dentist's contractual relationship or otherwise penalize a network participating dentist in any way based on whether or not the dentist accepts the terms of the assignment or lease.</p> <p>HB 2072 (HCA 0001) (PASSED) (TABLED) <i>Further amends the Illinois Insurance Code. 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</i></p>	Oppose	HOUSE 2 nd Reading
				No position change	

		<p><i>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.</i></p> <p>HB 2072 (HFA 0002) (REFERRED TO COMMITTEE - Insurance) <i>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 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). 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. Makes other changes.</i></p> <p>HB 2072 (HFA 0003) (REFERRED TO RULES) <i>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</i></p>	<p>No position change</p> <p>Neutral</p>	
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			<p><i>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 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). 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. 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. Makes other changes.</i></p>		
All	Insurance Data Security Law	HB 2130 Morgan	Sets forth provisions concerning an information security program, investigations of cybersecurity events, and notifications of cybersecurity events. Provides that the Director of Insurance shall have power to examine and investigate into the affairs of any licensee to determine whether the licensee has been or is engaged in any conduct in violation of the Act. Provides that whenever the Director has reason		HOUSE 2 nd Reading

			to believe that a licensee has been or is engaged in conduct in the State which violates the Act, the Director may take action that is necessary or appropriate to enforce the provisions of the Act. Provides that any documents, materials, or other information in the control or possession of the Department of Insurance that are furnished by a licensee or an employee or agent acting on behalf of a licensee or that are obtained by the Director in an investigation or examination shall be confidential by law and privileged, shall not be subject to the Freedom of Information Act, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action.		
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
All	Vision Care Regulation Act	HB 3725 Moeller	Creates the Vision Care Regulation Act (Similar to Castro's Vision Bill)	Oppose	HOUSE 2 nd Reading
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

ALL LINES - SENATE BILLS					
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 diagnosis is based on the results of a genetic test. <i>Effective July 1, 2023.</i>	Oppose	SENATE Re-referred to Assignments
All	Cybersecurity	SB 89 Harris	Provides that if the entry of an Order of Liquidation occurs on or after January 1, 2023, then the obligations shall not exceed \$500,000 or exceed without any deduction \$50,000 for any unearned premium claim or refund under any one policy. Provides that in no event shall the Fund be obligated to pay an amount in excess of \$500,000 in the aggregate for all first-party and third-party claims under a policy or endorsement providing cybersecurity insurance coverage and arising out of or related to a single insured event, regardless of the number of claims made or number of claimants. Provides that the Illinois Insurance Guaranty Fund shall have the right to appoint or approve and to direct legal counsel and other service providers under any other insurance policies subject to the provisions, regardless of any limitations in the policy. Provides that the Fund may employ or retain such persons as are necessary to provide policy benefits and services. Provides that the Fund may, at its sole discretion and without assumption of any ongoing duty to do so, pay any cybersecurity		SENATE 2 nd Reading

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			insurance obligations covered by a policy of an insolvent company on behalf of a high net worth insured.		
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 Insurance Committee
All	Dental Reimbursement	SB 1289 Fine	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. <i>Effective immediately.</i>	Oppose	SENATE 3 RD Reading
All	Market Conduct	SB 1479 Gillespie	Department's Market Conduct Language		SENATE Re-referred to Assignments
All	Stock Division	SB 1494 Harris	In provisions concerning plan of division approval, provides that any decision by the Director of Insurance on whether or not to hold a public hearing on either a plan of division or an amended plan of division may be made independently by the Director. Provides that if a dividing company amends its plan of division at any time before the plan of division becomes effective, then the dividing company shall file the amended plan of division for approval by the Director. Provides that if a hearing is conducted on the amended plan of division after the Director has approved a previous plan of division, then the hearing shall not be considered a rehearing. Provides that the fee assessed for filing a plan of division shall not apply to the filing of an amended plan		SENATE 2 nd Reading

			of division. In provisions concerning certificates of division, provides that if the dividing company files an amended plan of division with the Director after a certificate of division has been filed for a previous plan, then the dividing company shall file a certificate of stay with the recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. <i>Effective immediately.</i>		
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 Insurance Committee
All	Insurance Business Transfer Act	SB 1961 Cunningham	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		SENATE Re-referred to Assignments

			business transfer plan, an applicant shall pay a nonrefundable fee of \$10,000 to the Department.		
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. <i>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.</i>		SENATE Re-referred to Assignments
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. <i>Effective immediately.</i>		SENATE 2 nd Reading
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. <i>Effective immediately.</i>		SENATE 2 nd Reading