			Health Issues - 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 - (REFERRED TO COMMITTEE - INSURANCE)** *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 2nd Reading Amendment - Insurance Committee
Health	Health Care Workforce Reinforcement Act	HB 0559 (HFA 0002) Morgan	**Amendment (RE-REFERRRED TO COMMITTTEE – HEALTH CARE LICENSES)** *Replaces everything after the enacting clause. Provides that the amendatory Act may be referred to as the Health Care Workforce Reinforcement Act. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that any person who was issued a temporary out-of-state permit or temporary reinstatement permit by the Department of Financial and Professional Regulation in response to the COVID-19 pandemic may continue to practice under his or her temporary out-of-state permit if he or she submits an application for licensure by endorsement to the Department on or before May 11, 2023. Provides for license application requirements for holders of temporary out-of-state permits or*	Oppose	HOUSE 3rd Reading Amendment – Re-referred to Health Care License Committee

			temporary reinstatement permits in specified professions. Amends the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the MC/DD Act, the ID/DD Community Care Act, and the Specialized Mental Health Rehabilitation Act of 2013. Provides that, during a statewide public health emergency, the Department of Public Health and the Department of Human Services may take specified actions pertaining to inspections within an appropriate time frame to the extent feasible. Provides that probationary and provisional licenses may be extended for an additional 120 if requested and approved by the Department. Amends the Medical Practice Act of 1987. Provides that during a public health emergency, any provision of the Act that would prevent a physician licensed to practice medicine in all of its branches under the Act from delegating any and all authority prescribed to the physician by law to international medical graduate physicians who are working in response to the public health emergency declared by the Governor are suspended. Defines "international medical graduate physician". Amends the Radiation Protection Act of 1990. Provides that during a public health emergency, provisions that limit the validity of industrial radiography certifications to 5 years and industrial radiography trainee certifications to 2 years shall be suspended. Amends the Pharmacy Practice Act. Provides that the "practice of pharmacy" includes vaccination of patients 7 years of age and older for COVID-19 or influenza subcutaneously, intramuscularly, or orally; administration of COVID-19 therapeutics subcutaneously, intramuscularly, or orally; and ordering and administration of tests and screenings for (i) influenza, SARS-COV 2, and other emerging and existing public health threats. Provides that a registered pharmacy technician or student pharmacist may administer COVID-19 therapeutics and COVID-19 and influenza vaccinations subject to certain conditions. Amends the Illinois Public Aid Code and the Illinois Insurance Code to provide coverage for in-pharmacy COVID and influenza testing, screening, vaccination, and treatments. ***Effective immediately.*** HB 0559 (HFA 0003) **(ADOPTED)**	Neutral with Amendment #3	

			Replaces everything after the enacting clause. Provides that the amendatory Act may be referred to as the Health Care Workforce Reinforcement Act. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that any person who was issued a temporary out-of-state permit or temporary reinstatement permit by the Department of Financial and Professional Regulation in response to the COVID-19 pandemic may continue to practice under his or her temporary out-of-state permit if he or she submits an application for licensure by endorsement to the Department on or before May 11, 2023. Provides for license application requirements for holders of temporary out-of-state permits or temporary reinstatement permits in specified professions. Amends the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the MC/DD Act, the ID/DD Community Care Act, and the Specialized Mental Health Rehabilitation Act of 2013. Provides that, during a statewide public health emergency, the Department of Public Health and the Department of Human Services may take specified actions pertaining to inspections within an appropriate time frame to the extent feasible. Provides that probationary and provisional licenses may be extended for an additional 120 if requested and approved by the Department. Amends the Medical Practice Act of 1987. Provides that during a public health emergency, any provision of the Act that would prevent a physician licensed to practice medicine in all of its branches under the Act from delegating any and all authority prescribed to the physician by law to international medical graduate physicians who are working in response to the public health emergency declared by the Governor are suspended. Defines "international medical graduate physician". Amends the Radiation Protection Act of 1990. Provides that during a public health emergency, provisions that limit the validity of industrial radiography certifications to 5 years and industrial radiography trainee certifications to 2 years shall be suspended. Amends the Pharmacy Practice Act. Provides that the "practice of pharmacy" includes vaccination of patients 7 years of age and older for COVID-19 or influenza subcutaneously, intramuscularly, or orally; administration of COVID-19 therapeutics subcutaneously,		

			intramuscularly, or orally; and ordering and administration of tests and screenings for (i) influenza, SARS-COV 2, and other emerging and existing public health threats. Provides that a registered pharmacy technician or student pharmacist may administer COVID-19 therapeutics and COVID-19 and influenza vaccinations subject to certain conditions. Amends the Illinois Public Aid Code and the Illinois Insurance Code to provide coverage for in-pharmacy COVID and influenza testing, screening, vaccination, and treatments. ***Effective immediately.*** HB 0559 (HFA 0004) **(ADOPTED)** *Provides that the "practice of pharmacy" includes the ordering and administration of tests and screenings for (i) influenza, (ii) SARS-COV 2, and (iii) health conditions identified by a statewide public health emergency, as defined in the Illinois Emergency Management Agency Act (instead of other emerging and existing public health threats identified by the Department of Public Health or by emergency order)*	No position change/Neutral	
Health	State Based Exchange	HB 0579 (HFA 0001) Gabel	Amendment **(REFERRED TO COMMITTEE – INSURANCE)** *Replaces everything after the enacting clause. Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a State-based exchange using the federal platform by plan year 2025 and as a State-based exchange by plan year 2026. Provides that, except where inconsistent with State law, the Department may enforce health plan coverage requirements under the federal Patient Protection and Affordable Care Act that apply to the individual and small group markets. Provides that the Director of Insurance may elect to add a small business health options program to the Illinois Health Benefits Exchange. Provides that the General Assembly shall appropriate funds to establish the Illinois Health Benefits Exchange. Provides that issuers must remit an assessment in monthly installments to the Department.* HB 0579 (HFA 0002) **(REFERRED TO RULES)** *Replaces everything after the enacting clause. Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a State-based exchange using the federal platform by plan year 2025 and as a*	Oppose No position change/Oppose	HOUSE 2nd Reading

			State-based exchange by plan year 2026. Provides that, except where inconsistent with State law, the Department shall enforce health plan coverage requirements under the federal Patient Protection and Affordable Care Act that apply to the individual and small group markets. Provides that the Director of Insurance may elect to add a small business health options program to the Illinois Health Benefits Exchange. Provides that the General Assembly shall appropriate funds to establish the Illinois Health Benefits Exchange. Provides that issuers must remit an assessment in monthly installments to the Department. Sets forth provisions concerning State medical assistance program coordination and provisions concerning the authority of the Department of Insurance and the Department of Healthcare and Family Services. Creates the Illinois Health Benefits Exchange Fund, to be held by the Department of Insurance. Provides that the Chief Operating Officer of the Exchange shall be subject to confirmation by the Senate. Amends the Illinois Administrative Procedure Act to provide for specified emergency rulemaking. Sets forth provisions creating the Illinois Health Benefits Exchange Advisory Committee. ***Effective immediately.***		
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 exceeds a specified threshold. Provides that failure to provide notice under the amendatory provisions shall result in a civil penalty of	Monitor	HOUSE Rules

			$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
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	Oppose	HOUSE Appropriations - Health and Human Services

			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 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.*		
Health	HMO Referral	HB 1186 Croke (Fine)	Amends the Health Maintenance Organization Act. 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. Changes the definition of "health care plan". Defines "referral system". *Effective January 1, 2024* HB 1186 (HFA 0001) **(ADOPTED)** *Provides that the Director may prescribe by rule the language that must be included in the plan name, marketing, advertising, or other consumer disclosure requirements to differentiate a health care plan that does not use a referral system for such providers from a health care plan that does use a referral system for such providers. Provides that the provisions shall not be construed as requiring the use of a referral system with the health maintenance organization's contracted or employed providers to obtain a certificate of authority.*	Support No position change/Support	SENATE Assignments
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	Oppose This is not the Administration's State Based Exchange Bill	HOUSE 3rd Reading

			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***		
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 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.	Oppose	HOUSE 2nd Reading
Health	Reconstructive Services Domestic Violence Mandate	HB 1384 Cassidy (Cappel)	Provides that a group or individual policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2025 may not deny coverage for medically necessary reconstructive services that are intended to restore physical appearance. Amends the Medical Assistance Article of the Illinois Public Aid Code. HB1384 (HCA 1)**(PASSED)** *Replaces everything after the enacting clause with the provisions of the introduced bill. Provides that a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 may not deny coverage for medically necessary reconstructive services that are intended to restore physical appearance. Makes a conforming change in the Health Maintenance Organization Act.*	Neutral No position change/Neutral	SENATE Asssignments

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 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*	Monitor No position change/Monitor	HOUSE Re-referred to Rules

			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.***		
Health	Vaginal Estrogen Coverage Mandate	HB 1565 Stuart (Cappel)	Mandates coverage for coverage for one or more therapeutic equivalents versions of vaginal estrogen in its formulary. One must be included in the formulary without cost sharing. If a provider determines that there is a different estrogen to be provided, that estrogen shall be covered with no cost sharing.	Oppose	SENATE Assignments

			HB1565 (HCA1)(~~**PASSED)**~~ **(TABLED)** *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, 2025 (rather than January 1, 2024) and that provides coverage for prescription drugs shall include coverage for one or more therapeutic equivalent versions of vaginal estrogen in its formulary.* HB 1565 (HFA 0002) **(ADOPTED)** *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, 2025 (rather than January 1, 2024) and that provides coverage for prescription drugs shall include coverage for one or more therapeutic equivalent versions of vaginal estrogen in its formulary.*	No position change/Oppose Neutral with Amendment #2	
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
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
Health	Insulin Co-Pay Cap $35	HB 2189 Guzzardi (Murphy)	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.* HB 2189 (HCA 0001) **(PASSED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Changes the effective*	Oppose Neutral with Amendment #1	SENATE Assignments

			date to January 1, 2025 (instead of effective immediately). Removes the Access to Affordable Insulin Act.		
Health	Pap Test and Prostate Testing Coverage Mandate Gender	HB 2350 Cassidy ( )	In provisions concerning pap tests and prostate cancer screenings, provides that required coverage includes an annual cervical smear or Pap smear test for all (rather than female) insureds. Provides that required coverage includes an annual prostate cancer screening for insureds (rather than male insureds) upon the recommendation of a physician licensed to practice medicine in all of its branches for specified individuals. Provides that required coverage includes an annual prostate cancer screening for insureds who are age 40 and over with a genetic predisposition to prostate cancer. HB 2350 (HFA 0001) **(ADOPTED)** *Adds a January 1, 2025 effective date. Removes a reference to "women".*	Oppose Neutral with Amendment #1	SENATE 1st Reading
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) **(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 position change/Oppose	HOUSE 2nd Reading
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.***		HOUSE Rules
Health	Hearing Aid Coverage Mandates	HB 2443 Chung	Provides that an individual or group 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 must provide coverage for medically necessary hearing instruments and related		HOUSE 3rd Reading

			services for all individuals (rather than all individuals under the age of 18) when a hearing care professional prescribes a hearing instrument to augment communication. Makes conforming changes, including repealing provisions concerning optional coverage or optional reimbursement for hearing instruments and related services**. *Effective January 1, 2025.***		
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 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.	Oppose	HOUSE Re-referred to Rules
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	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	Proton Beam Mandate	HB 2799 Hammond (Koehler)	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 that provides coverage for the treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the	Oppose	SENATE Assignments

			insurer applies for the coverage of any other form of radiation therapy treatment. 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 that provides coverage or benefits to any resident of this State for radiation oncology shall include coverage or benefits for physician-prescribed proton beam therapy for the treatment of cancer as recommended by the patient's physician. HB 2799 (HCA 0001) **(PASSED)** *(RULES COMMITTEE)Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than after the effective date of the amendatory Act) that provides coverage for the treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the insurer applies for the coverage of any other form of radiation therapy treatment. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than after the effective date of the amendatory Act) that provides coverage or benefits to any resident of the State for radiation oncology shall include coverage or benefits for medically necessary proton beam therapy for the treatment of cancer (rather than for physician-prescribed proton beam therapy for the treatment of cancer as recommended by the patient's physician). Defines "medically necessary**". Effective January 1, 2024*****	Neutral with Amendment #1	
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 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	Oppose	HOUSE Re-referred to Rules

			supply chain security controls and chain of distribution set by the federal Drug Supply Chain Security Act.		
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	Mental Health Care Access	HB 2847 Lilly	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, 2025 shall cover all medically necessary out-of-network mental health visits, treatment, and services provided by a mental health provider or facility. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for 2 annual mental health prevention and wellness visits for children and for adults. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall not require the diagnosis of a mental, emotional, or nervous disorder or condition to establish medical necessity for mental health care, services, or treatment. Provides that the Department of Insurance shall contract with an independent third party with expertise in analyzing commercial insurance premiums and costs to perform an independent analysis of the impact of the coverage of services pursuant to the provisions has had on insurance premiums. HB 2847 (HFA 0001) **(COMMITTEE – MENTAL HEALTH & ADDICTION COMMITTTEE)**	Oppose No position change/Oppose	HOUSE 2ND Reading

			Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. In provisions concerning coverage of out-of-network mental health care, specifies that the provisions apply to each market (rather than plan) in which the insurer offers or provides any network plan. Provides that the Department of Insurance may require an insurer to file utilization data to establish the disparity level in a market for the Base Year as needed. Sets forth provisions concerning annual filing requirements for insurers and provisions concerning Department review of disparity levels. Provides that the Department shall adopt any rules necessary to implement the provisions by no later than October 31, 2024 (rather than 2023). Defines terms. Removes provisions concerning coverage of medically necessary mental health care for individuals not diagnosed with a mental health disorder and provisions concerning analysis of mental health care coverage on insurance premiums. Makes other changes. ***Changes the effective date to July 1, 2024 (rather than effective immediately).***		
Health	Non-participating Providers	HB 3030 Morgan (Morrison)	ISMS Batching Bill (Aligns with Federal No Surprises Act)	Neutral	SENATE Assignments
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
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	Saliva Cancer Test	HB 3202 Sanalitro	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 home saliva cancer screening every 24 months. 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.* HB 3202 (HFA 0001) **(ADOPTED)** *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 home saliva cancer screening every 24 months if the patient is asymptomatic and at high risk for the disease being tested for or demonstrates symptoms of the disease being tested for at a physical exam (rather than shall cover a medically necessary home saliva cancer screening every 24 months). Removes provisions concerning the Illinois Public Aid Code.*	Neutral No position change/Neutral	HOUSE 3rd Reading
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	Oppose	HOUSE Rules

			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.		
Health	Behavioral Health Crisis Care	HB3230 LaPointe	Requires the Department of Human Services, Division of Mental Health, to use an independent third-party expert to conduct a cost analysis and determine actuarially sound costs associated with developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State, including crisis call centers, mobile crisis response team services, crisis receiving and stabilization centers, and other acute behavioral health services. Contains provisions concerning recommendations on multiple sources of funding that could potentially be utilized to support a sustainable and comprehensive continuum of behavioral health crisis response services; a behavioral health crisis workforce; an action plan; a stakeholder working group to develop recommendations to coordinate programming and strategies to support a cohesive behavioral health crisis response system; and other matters. HB 3230 (HFA 0001) **(ADOPTED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill but with the following changes: Makes subject to appropriation the requirement that the Department of Human Services use an independent third-party expert to conduct a cost analysis on developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State. Provides that the cost analysis shall include costs that are or can be reasonably attributed to: (i) staffing and*	Oppose Monitor	HOUSE 3rd Reading

			technological infrastructure enhancements necessary to achieve operational and clinical standards and best practices set forth by the 9-8-8 Suicide and Crisis Lifeline (rather than costs that are or can be reasonably attributed to ensuring the efficient and effective routing of calls made to the 9-8-8 suicide prevention and behavioral health crisis hotline to the designated hotline center and community behavioral health centers); (ii) the need to develop staffing that is consistent with federal guidelines for (rather than staffing that is adequate for expedient) mobile crisis response times, based on call volume and the geography served; and (iii) the provision of call, text, and chat response; mobile crisis response; and follow-up and crisis stabilization services that are in response to the 9-8-8 Suicide and Crisis Lifeline. Removes all references to "Program 590" with "the Division of Mental Health's Crisis Care Continuum Program". Makes other technical changes. ***Effective immediately.***		
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
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 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.	Oppose	HOUSE Rules
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	Monitor	HOUSE Re-referred to Rules

			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.		
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 Appropriations Health & Human Services Committee (Medicaid & Managed Care Subcommittee)
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 2nd Reading
Health	PBM Information Disclosure	HB 3631 Huynh	Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager shall not prohibit a pharmacist or pharmacy from, or indirectly punish a pharmacist or pharmacy for, making any written or oral statement or otherwise disclosing information to any federal, State, county, or municipal official, including the Director of Insurance or law	Monitor	HOUSE 3rd Reading

			enforcement, or before any State, county, or municipal committee, body, or proceeding under specified circumstances. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022). HB 3631 (HFA 0001) **(REFERRED TO COMMITTEE - INSURANCE)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, before a legislative commission or committee, in any other proceeding, or to a government or law enforcement agency, if the pharmacist or pharmacy has reasonable cause to believe that the disclosed information is evidence of a violation of a State or federal law, rule, or regulation. Provides that a pharmacist or pharmacy shall make commercially reasonable efforts to limit the disclosure of confidential and proprietary information. Provides that retaliatory actions against a pharmacy or pharmacist include specified actions. Provides that the provisions apply to contracts entered into or renewed on or after January 1, 2024 (instead of July 1, 2023).* HB 3631 (HFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, before a legislative commission or committee, in any other proceeding, or to a government or law enforcement agency, if the pharmacist or pharmacy has reasonable cause to believe that the disclosed information is evidence of a violation of a State or federal law, rule, or regulation. Provides that a pharmacist or pharmacy shall make commercially reasonable efforts to limit the disclosure of confidential and proprietary information. Provides that retaliatory actions against a pharmacy or pharmacist include specified actions.*	No position change/Monitor Neutral with Amendment #2	
Health	Epinephrine Cost	HB 3639 Mason	Provides that an insurer that provides coverage for medically necessary epinephrine injectors shall limit the total amount that an insured is	Oppose	HOUSE 3rd Reading

			required to pay for a twin-pack of medically necessary epinephrine injectors at an amount not to exceed $60, regardless of the type of epinephrine injector. Provides that nothing in the provisions prevents an insurer from reducing an insured's cost sharing by an amount greater than the specified amount. Provides that the Department of Insurance may adopt rules as necessary to implement and administer the provisions. HB 3639 (HCA 0001) **(~~PASSED~~) (TABLED)** *Adds a January 1, 2025 effective date.* HB 3639 (HFA 0002) **(ADOPTED))** ***Adds a January 1, 2025 effective date.***	Neutral with Amendment #1 No position change/Neutral	
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 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.	Oppose	HOUSE Re-referred to Rules
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	Oppose	HOUSE Re-referred to Rules

			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		
Health	Low Tone Hearing Impairment Mandate	HB 3809 DeLuca	Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment. Provides that the coverage shall include 315 combined therapy sessions per year. HB 3809 (HCA 0001) **(~~PASSED~~) (TABLED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after January 1, 2025 (rather than the effective date of the amendatory Act) shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment. Removes language providing that the coverage shall include 315 combined therapy sessions per year.* HB 3809 (HFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after January 1, 2025 (rather than the effective date of the amendatory Act) shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low*	Oppose No position changes	HOUSE 3rd Reading

			tone neuromuscular impairment, neurological impairment, or cognitive impairment. Removes language providing that the coverage shall include 315 combined therapy sessions per year.		
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. HB 3812 (HFA 0001) **(REFERRED TO COMMITTEE – INSURANCE)** *Removes provisions concerning the Illinois Public Aid Code.* HB 3812 (HFA 0002) **(REFERRED TO COMMITTEE – INSURANCE)** *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*	Oppose No position change/Oral Neutral with Amendment #2	HOUSE 3rd Reading
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	Oppose	HOUSE Rules

			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 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 2nd Reading
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,	Oppose	HOUSE Rules

			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.*		
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

			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
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	PANDAS Coverage Mandate	SB 101 Fine	Provides that no group or individual policy of accident and health insurance or managed care plan shall deny or delay coverage for medically necessary treatment because the insured, enrollee, or beneficiary previously received any treatment, including the same or similar treatment, for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections or pediatric acute onset neuropsychiatric syndrome, or because the insured, enrollee, or beneficiary has been diagnosed with or receives treatment for an otherwise diagnosed condition. Provides that coverage of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall	Neutral (negotiated in previous General Assembly)	SENATE 3rd Reading

			adhere to the treatment recommendations developed by a medical professional consortium convened for the purposes of researching, identifying, and publishing best practice standards for diagnosis and treatment of such disorders or syndrome that are accessible for medical professionals and are based on evidence of positive patient outcomes. Provides that coverage for any form of medically necessary treatment shall not be limited over a lifetime of an insured, enrollee, or beneficiary, unless the patient is no longer benefiting from the treatment, or by policy period.		
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 3rd Reading
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 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 Affordable Care Act that was in effect on January 1, 2017, including,	Monitor	SENATE Assignments

			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 Insurance Committee
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, or modify a rate filing, and post the decision on the Department's website. Provides that the Department shall adopt rules implementing	Oppose	SENATE Assignments

			specified procedures. Defines "inadequate rate" and "unreasonable rate increase".		
Health	PBM	SB 0757 (SFA 0001) Koehler	**Amendment – (REFERRED TO COMMITTEE – INSURANCE)** *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 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) **(IN ASSIGNMENTS)** *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*	Oppose Neutral with Amendment #2	SENATE 3rd Reading Amendment – Insurance Committee

			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 upon by the plan sponsor and the pharmacy benefit manager. Defines terms.		
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 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.	Oppose	SENATE Re-referred to Assignments
Health	Liver Disease Benefit Coverage Mandate	SB 1282 Simmons	Mandates coverage for preventative screening for all over 18 at high risk for liver disease without cost sharing. SB 1282 (SFA 0001) **(IN ASSIGNMENTS)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. 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*	Oppose Neutral with Amendment #1	SENATE 2nd Reading

			1, 2025 (rather than the effective date of the amendatory Act) shall provide coverage for preventative liver disease screenings for individuals 35 years of age or older and under the age of 65 (rather than for persons 18 years of age or older and under the age of 65) at high risk for liver disease, including liver ultrasounds and alpha-fetoprotein blood tests every 6 months, without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. Provides that the provisions do not apply to coverage of liver disease screenings to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to specified federal law.		
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) **(REFERRED TO COMMITTEE – INSURANCE)** *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*	Oppose Neutral with Amendment #1	SENATE 2nd Reading

			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.		
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	Coverage Abortion/ hormone/ HIV	SB 1344 Villanueva	Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the State on or after (rather than only after) January 1, 2024 shall provide coverage for all abortifacients, hormonal therapy medication, human immunodeficiency virus pre-exposure prophylaxis and post-exposure prophylaxis drugs approved by the United States Food and Drug Administration, and follow-up services related to that coverage. *Effective immediately.* *This is a trailer bill with corrected language*. SB 1344 (SFA 0001) **(REFERRED TO COMMITTEE - EXECUTIVE)** *Amends the Pharmacy Practice Act. Provides that in accordance with a standing order by the Department of Public Health, a pharmacist may provide patients with prophylaxis drugs for human immunodeficiency virus pre-exposure prophylaxis or post-exposure prophylaxis.*	Neutral No position change	SENATE 2nd Reading
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

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
Health	Mandate Compression Sleeves	SB 1527 Ellman	Mandates coverage for compression sleeves. SB1527 (SCA1) **(PASSED)** *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 compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema (rather than only coverage for compression sleeves).* SB 1527 (SFA 0002) **(REFERRED TO COMMITTEE - INSURANCE)** *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, 2025 (rather than January 1, 2024) shall provide coverage for compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema.*	Oppose No position change/Oppose Neutral with Amendment #2	SENATE 2nd Reading
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) (**REFERRED TO COMMITTEE - INSURANCE)** *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 organization from policies subject to specified requirements. Removes provisions concerning the Illinois Public Aid Code.*	Oppose Neutral with Amendment #1	SENATE Insurance Committee

Health	Insulin Co Pay $35	SB 1559 Murphy	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	SENATE 3rd Reading
Health	Athletic Trainers	SB 1585 Cunningham	Provides that the definition of "health care professional" includes athletic trainers.	Monitor	SENATE Insurance Committee
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 Insurance Committee
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.		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 record, the provider must then provide notice to the patient and give that patient an opportunity to address the issue.	Monitor	SENATE Re-referred to Assignments
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	Oppose	SENATE Insurance Committee

			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) **(REFERRED TO COMMITTEE – INSURANCE**) *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 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*	No position change/Oppose	

			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	Telehealth Services	SB 1913 Fine	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the medical assistance program shall be subject to provisions of the Illinois Insurance Code concerning telehealth services.	Monitor	SENATE 2nd Reading
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
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	Monitor	SENATE Re-referred to Assignments

			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.		
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, 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.	Oppose	SENATE 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
Health	Prosthetic Device	SB 2195 Gillespie	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. SB 2195 (SCA 0001) **(IN ASSIGNMENTS)** *Adds a January 1, 2025 effective date.*	Oppose Neutral with Amendment #1	SENATE 3rd Reading
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	Neutral	SENATE 3rd Reading

			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.		
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
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 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	Oppose	SENATE Insurance Committee

			violation. Sets forth provisions concerning vision, hearing, and dental disorder or condition parity.		