			All Lines - HOUSE BILLS		
Product Line	Bill	Bill	Bill Description/Action	ILHIC Position	Status
Life/Health/All	"Nickname"	Number/Link			
All	Paid Family Leave	HB 1006 Flowers	Creates the Paid Family Leave Act. Requires private employers with 50 or more employees to provide 6 weeks of paid leave to an employee who takes leave: (1) because of the birth of a child of the employee and in order to care for the child; (2) to care for a newly adopted child under 18 years of age or a newly placed foster child under 18 years of age or a newly adopted or newly placed foster child older than 18 years of age if the child is incapable of self-care because of a mental or physical disability; or (3) to care for a family member with a serious health condition. Provides that paid family leave shall be provided irrespective of the employer's leave policies; and shall be provided to an employee who has been employed by the employer for at least one year. Permits employees to voluntarily waive paid family leave. Provides that the Department of Labor may adopt any rules necessary to implement the Act.	Monitor	HOUSE Referred to Rules
All	Plan of Operation Life/Health Insurance Guaranty Fund	HB 1233 Jones	Amends the Illinois Life and Health Insurance Guaranty Association Law of the Illinois Insurance Code. Provides that the Illinois Life and Health Insurance Guaranty Association must submit a plan of operation to the Director of Insurance within 200 days.	Monitor	HOUSE Re-referred to Rules
All	Right to Know Act	HB 1381 Buckner	Provides that an operator of a commercial website or online service that collects personally identifiable information through the Internet about individual customers residing in Illinois who use or visit its commercial website or online service shall notify those customers of certain specified information pertaining to its personal information sharing practices. Requires an operator to make available certain specified information upon disclosing a customer's personal information to a third party, and to provide an e-mail address or toll-free telephone number whereby customers may request or obtain that information. Provides for a data protection safety plan. Provides for a right of action to customers whose rights are violated under the Act. Provides that any waiver of the provisions of the Act or any agreement	Monitor	HOUSE Re-referred to Rules

All	Dental Loss	HB 2070	that does not comply with the applicable provisions of the Act shall be void and unenforceable. Provides that no provision of the Act shall be construed to conflict with or apply to certain specified provisions of federal law or certain interactions with State or local government. Provides that a health insurer or dental plan carrier that issues, sells,	Oppose	HOUSE
All	Ratio	Gong- Gershowitz	renews, or offers a specialized health insurance policy covering dental services shall, beginning July 1, 2023, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.	Oppose	Re-referred to Rules
All	Dental Care Reimbursement	HB 2071 Gong- Gershowitz	Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. <i>Effective immediately.</i>	Oppose	HOUSE Re-referred to Rules
All	Supplier Diversity Report	HB2088 Jones Harris, III	Amends the Illinois Insurance Code. Provides that every company authorized to do business in the State or accredited by the State with assets of at least \$50,000,000 shall submit a report on its voluntary supplier diversity program, or the company's procurement program if there is no supplier diversity program, to the Department of Insurance. Provides that the voluntary supplier diversity report shall set forth specified information. Provides that each company is required to submit a report to the Department on or before April 1, 2024, and on or before April 1 every year thereafter. Provides that the Department shall publish the results of supplier diversity reports on its Internet website for 5 years after submission. Provides that the Department shall hold an annual insurance company supplier diversity workshop in July of 2024 and every July thereafter to discuss the reports with representatives of the companies and vendors. Provides that the Department shall prepare a one-page template for the voluntary supplier diversity reports. Provides that the Department may adopt	Monitor	SENATE Referred to Assignments

			rules necessary to implement the provisions. Makes conforming changes in the Dental Service Plan Act, the Health Maintenance		
			Organization Act, and the Limited Health Service Organization Act.		
All	Market	HB 3325	Provides that the Department of Insurance shall file any market	Neutral	HOUSE
	Conduct Study	Jones	conduct studies seeking to levy fines against an insurance company		Assigned to
			with the General Assembly before each legislative session and the		Executive
			General Assembly must approve before any fines are required.		
			Provides that the Department of Insurance shall conduct a hearing		
			with the HOUSE Insurance Committee and Senate Insurance		
			Committee before any further proceedings occur. Provides that before		
			the release of announcements of the fines to the public, there shall be		
			an appeal process scheduled within 30 days after the committee		
			hearings.		
All	Vision Care	HB 3725	Creates the Vision Care Regulation Act (Similar to Castro's Vision Bill)	Oppose	HOUSE
	Regulation Act	Moeller			Re-Referred to
					Rules
All	Parks and Rec	HB 3810	If and only if Senate Bill 208 of the 102nd General Assembly becomes	Monitor	HOUSE
	Exemption	DeLuca	law, amends the Paid Leave for All Workers Act by providing that the		Re-referred to
	(Paid Leave)		definition of "employer" does not include municipalities that have a		Rules
			parks and recreation department.		
All	Health Data	<u>HB4093</u>	Creates the Protect Health Data Privacy Act. Provides that a regulated	Oppose	HOUSE
	Privacy Act	Williams	entity shall disclose and maintain a health data privacy policy that		Assigned to
			clearly and conspicuously discloses specified information. Sets forth		Judiciary - Civil
			provisions concerning health data privacy policies. Provides that a		
			regulated entity shall not collect, share, or store health data, except in		
			specified circumstances. Provides that it is unlawful for any person to		
			sell or offer to sell health data concerning a consumer without first		
			obtaining valid authorization from the consumer. Provides that a valid		
			authorization to sell consumer health data must contain specified		
			information; a copy of the signed valid authorization must be provided		
			to the consumer; and the seller and purchaser of health data must		
			retain a copy of all valid authorizations for sale of health data for 6		
			years after the date of its signature or the date when it was last in		
			effect, whichever is later. Sets forth provisions concerning the consent		
			required for collection, sharing, and storage of health data. Provides		

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All	Market	HB4126 Scherer	that a consumer has the right to withdraw consent from the collection, sharing, sale, or storage of the consumer's health data. Provides that it is unlawful for a regulated entity to engage in discriminatory practices against consumers solely because they have not provided consent to the collection, sharing, sale, or storage of their health data or have exercised any other rights provided by the provisions or guaranteed by law. Sets forth provisions concerning a consumer's right to confirm whether a regulated entity is collecting, selling, sharing, or storing any of the consumer's health data; a consumer's right to have the consumer's health data that is collected by a regulated entity deleted; prohibitions regarding geofencing; and consumer health data security. Provides that any person aggrieved by a violation of the provisions shall have a right of action in a State circuit court or as a supplemental claim in federal district court against an offending party. Provides that the Attorney General may enforce a violation of the provisions as an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Defines terms. Makes a conforming change in the Consumer Fraud and Deceptive Business Practices Act. Amends the Illinois Insurance Code. Adds provisions concerning market analysis and market conduct actions. Makes changes to provisions concerning market conduct and non-financial examinations, examination reports, insurance compliance self-evaluative privilege, confidentiality, fees and charges, examination, and fiduciary and bonding requirements. Amends the Network Adequacy and Transparency Act. Adds definitions. Establishes minimum ratios of providers to beneficiaries for network plans issued, delivered, amended, or renewed during 2024. Makes changes to provisions concerning network adequacy, notice of nonrenewal or termination, transition of services, network transparency, administration and enforcement, and provider requirements. Amends the Managed Care	Oppose	HOUSE Referred to Rules
			transition of services, network transparency, administration and enforcement, and provider requirements. Amends the Managed Care Reform and Patient Rights Act. Makes changes to provisions		
			concerning notice of nonrenewal or termination and transition of services. Amends the Illinois Administrative Procedure Act to authorize		
			the Department of Insurance to adopt emergency rules implementing federal standards for provider ratios, time and distance, or		
			appointment wait times when such standards apply to health		

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			insurance coverage regulated by the Department of Insurance and are		
			more stringent than the State standards extant at the time the final		
			federal standards are published. Effective immediately.		
All	Paid Leave for	HB4190	Amends the Paid Leave for All Workers Act. Changes the effective date	Monitor	HOUSE
	All	Ness	of the Act from January 1, 2024 to July 1, 2024. Effective immediately.		Referred to
					Rules
All	Paid Leave for	HB4208	Amends the Paid Leave for All Workers Act. Provides that the definition	Monitor	HOUSE
	All-Employers	Sosnowski	of "employer" does not include municipalities organized under the		Referred to
			Illinois Municipal Code, townships organized under the Township Code,		Rules
			counties organized under the Counties Code, or forest preserve		
			districts organized under the Downstate Forest Preserve District Act or		
			the Cook County Forest Preserve District Act.		
All	IL Guaranty	HB4367	Amends the Illinois Insurance Guaranty Fund Article of the Illinois	Monitor	HOUSE
	Fund	Hoffman	Insurance Code. In provisions authorizing the Illinois Insurance		2 nd Reading
			Guaranty Fund to contract with the Office of Special Deputy Receiver		
			or any other person or organizations authorized by law to carry out the		
			duties of the Director of Insurance in her or his capacity as a receiver		
			and specifying a purpose of the Article, deletes language providing that		
			those provisions are inoperative 5 years after August 16, 2021 (the		
			effective date of Public Act 102-396). Effective immediately.		
			HB 4367 (HCA 0001) (ADOPTED)	Monitor with	
			Replaces everything after the enacting clause. Amends the Illinois	Amendment #1	
			Insurance Guaranty Fund Article of the Illinois Insurance Code. Provides		
			that "insolvent company" means a company organized as a stock		
			company, mutual company, reciprocal or Lloyds (i) which holds a		
			certificate of authority to transact insurance in this State either at the		
			time the policy was issued or when the insured event occurred, or any		
			company which has assumed or has been allocated such policy		
			obligation through merger, division, insurance business transfer,		
			consolidation, or reinsurance (instead of reinsurance, whether or not		
			such assuming company held a certificate of authority to transact		
			insurance in this State at the time such policy was issued or when the		
			insured event occurred); and (ii) against which a final Order of		
			Liquidation with a finding of insolvency to which there is no further		
			right of appeal has been entered by a court of competent jurisdiction.		
			Effective immediately.		

All	Pet Insurance	HB4532	Amends the Illinois Insurance Code. Creates the Pet Insurance Article	Monitor	HOUSE
		Mason	of the Code. Defines terms. Requires a pet insurer to disclose coverage		Assigned to
			exclusions, limitations, waiting periods, and other information.		Insurance
			Provides that pet insurance applicants shall have the right to examine		(Main
			and return the policy, certificate, or rider to the company or an agent		Subcommittee)
			or insurance producer of the company within 30 days of its receipt and		
			to have the premium refunded if, after examination of the policy,		
			certificate, or rider, the applicant is not satisfied for any reason.		
			Provides that a pet insurer may issue policies that exclude coverage on		
			the basis of one or more preexisting conditions with appropriate		
			disclosure to the consumer. Provides that a pet insurer may issue		
			policies that impose waiting periods upon effectuation of the policy		
			that do not exceed 30 days for illnesses or orthopedic conditions not		
			resulting from an accident. Prohibits waiting periods for accidents.		
			Provides that no pet insurer or insurance producer shall market a		
			wellness program as pet insurance. Sets forth provisions concerning		
			wellness programs sold by a pet insurer or insurance producer.		
ALL	Insurance	HB 4611	Amends the Illinois Insurance Code. Provides that an insurer shall not,	Oppose	HOUSE
	Automobile	Jones	with regard to any motor vehicle liability insurance practice, (i) unfairly		Assigned to
			discriminate based on age, race, color, national or ethnic origin,		Insurance
			immigration or citizenship status, sex, sexual orientation, disability,		(Main
			gender identity, or gender expression or (ii) use any external consumer		Subcommittee)
			data and information sources in a way that unfairly discriminates		
			based on age, race, color, national or ethnic origin, immigration or		
			citizenship status, sex, sexual orientation, disability, gender identity, or		
			gender expression. Allows the Department of Insurance to examine		
			and investigate an insurer's use of external consumer data and		
			information sources, algorithms, or predictive models in any motor		
			vehicle liability insurance practice. Specifies that the provisions shall		
			not be construed to require an insurer to collect consumer's		
			demographic data, to prohibit the use of a driver's history that has a		
			direct relationship with risk, or to prohibit the use of or require testing		
			of longstanding and well-established common industry practices in		
			settling claims or traditional underwriting practices. Prohibits an		
			insurer from canceling, refusing to renew, or increasing the premium		
			for any policy of automobile insurance solely because an insured		

			person has reached the age of 65 years if the insured has a valid Illinois		
			driver's license. Defines terms.		
All	Consumer	HB 4629	Amends the Consumer Fraud and Deceptive Business Practices Act.	Oppose	HOUSE
	Fraud &	Kifowit	Provides that it is an unlawful practice within the meaning of the Act	(no exemption	2 nd Reading
	Deceptive	Morgan	for a person to advertise, display, or offer a price for goods or services	for insurance)	
	Practices		that does not include all mandatory fees and charges other than: (1)		
			taxes or fees imposed by a unit of government on the transaction; and		
			(2) postage or carriage charges that will be reasonably and actually		
			incurred to ship the physical goods to the consumer. Provides that		
			specified transactions are excluded from the provision.		
			HB 4629 (HCA 0001) (ADOPTED)	Monitor with	
			Replaces everything after the enacting clause. Amends the Consumer	Amendment #1	
			Fraud and Deceptive Business Practices Act. Provides that it is an		
			unlawful practice under the Act for a person to: (1) offer, display, or		
			advertise an amount a consumer may pay for merchandise without		
			clearly and conspicuously disclosing the total price; (2) fail, in any offer,		
			display, or advertisement that contains an amount a consumer may		
			pay, to display the total price more prominently than any other pricing		
			information; (3) misrepresent the nature and purpose of any amount a		
			consumer may pay, including the ability to refund the fees and the		
			identity of any merchandise for which fees are charged; or (4) fail to		
			disclose clearly and conspicuously before the consumer consents to		
			pay, the nature and purpose of any amount a consumer may pay that is		
			excluded from the total price, including the ability to refund the fees		
			and the identity of any merchandise for which fees are charged.		
All	Motor Vehicle	HB 4767	Amends the Illinois Insurance Code. Provides that the amendatory Act	Oppose	HOUSE
	Rates	Guzzardi	may be referred to as the Motor Vehicle Insurance Fairness Act.		Assigned to
			Provides that no insurer shall refuse to issue or renew a policy of		Insurance
			automobile insurance based in whole or in part on specified prohibited		
			underwriting or rating factors. Sets forth factors that are prohibited		
			with respect to underwriting and rating a policy of automobile		
			insurance. Sets forth provisions concerning the use of territorial		
			factors. Provides that every insurer selling a policy of automobile		
			insurance in the State shall demonstrate that its marketing,		
			underwriting, rating, claims handling, fraud investigations, and any		
			algorithm or model used for those business practices do not		

disparately impact any group of customers based on race, color, national or ethnic origin, religion, see, sexual orientation, disability, gender identity, or gender expression. Provides that no rate shall be approved or remain in effect that is excessive, inadequate, unfairly discriminatory, or otherwise in violation of the provisions. Provides that every insurer that desires to change any rate shall file a complete rate application with the Director of Insurance. Provides that all information provided to the Director under the provisions shall be available for public inspection. Provides that any person may initiate or intervence in any proceeding permitted or established under the provisions. Provides that all insurers subject to the provisions shall be assessed a fee of 0.05% of their total earned premium from the prior calendar year, and that the fee shall be payable to the Department no later than July 1 of each calendar year and shall be used by the Department year, and that the fee shall be payable to the Department no later than July 1 of each calendar year and shall be used by the Department to implement the provisions. All Secondary Sources Amends the Illinois Insurance Code. Provides that a secondary source on insurance including a legal treatise, scholarly publication, textbook, or other explanatory text, does not constitute the law or public policy of the State, and the secondary source on insurance is not persuasive authority if it purports to create, eliminate, expand, or restrict a cause of action, right, or remedy, or if it conflicts with the United States Constitution or the Illinois Constitution, State law, this State's case law precedent, or other common law that may have been adopted by this State. Effective immediately. All Automated Decision Tools Didech Automated Decision Tools TBD HOUSE Table TBD HOUSE Referred to Rules Creates the Automated Decision Tools Act. Provides that, on or before the includes specified information. Provides that a deployer shall, at or before th						
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			shall establish, document, implement, and maintain a governance program that contains reasonable administrative and technical safeguards to map, measure, manage, and govern the reasonably foreseeable risks of algorithmic discrimination associated with the use or intended use of an automated decision tool. Provides that, within 60 days after completing an impact assessment required by the Act, a deployer shall provide the impact assessment to the Department of Human Rights. Provides that the Attorney General may bring a civil action against a deployer for a violation of the Act.		
All	Consumer Fraud AI Labeling	HB 5321 Rashid	Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that each generative artificial intelligence system and artificial intelligence system that, using any means or facility of interstate or foreign commerce, produces image, video, audio, or multimedia Algenerated content shall include on the Al-generated content a clear and conspicuous disclosure that satisfies specified criteria. Provides that any entity that develops a generative artificial intelligence system and third-party licensee of a generative artificial intelligence system shall implement reasonable procedures to prevent downstream use of the system without the required disclosures. Provides that a violation of the provisions constitutes an unlawful practice within the meaning of the Act.	Oppose	HOUSE Assigned to Judiciary - Civil
All	Algorithmic Impact Assessments	HB 5322 Rashid	Creates the Illinois Commercial Algorithmic Impact Assessments Act. Defines "algorithmic discrimination", "artificial intelligence", "consequential decision", "deployer", "developer" and other terms. Requires that by January 1, 2026 and annually thereafter, a deployer of an automated decision tool must complete and document an assessment that summarizes the nature and extent of that tool, how it is used, and assessment of its risks among other things. Requires on or after January 1, 2026 and annually thereafter, developers of an automated decision tool must complete and document a similar assessment. Provides that upon the request of the Attorney General, a developer or deployer must provide that Office any impact assessment performed that is exempt from the Freedom of Information Act. Requires that a developer must provide a deployer with a statement regarding the intended uses of the automated decision tool and	Oppose	HOUSE Assigned to Executive

All	Employment Prohibit Covenants	HB 5385 Moeller	documentation regarding all of the following: (i) the known limitations of the automated decision tool, including any reasonably foreseeable risks of algorithmic discrimination arising from its intended use; (ii) a description of the types of data used to program or train the automated decision tool; and (iii) a description of how the automated decision tool was evaluated for validity and the ability to be explained before sale or licensing. Exempts a deployer with fewer than 50 employees unless, as of the end of the prior calendar year, the deployer deployed an automated decision tool that affected more than 999 people per year. Amends the Illinois Freedom to Work Act. Provides that no employer shall enter into a covenant not to compete or a covenant not to solicit with any employee (rather than no employer shall enter into a covenant not to compete or a covenant not to solicit with any employee unless the employee's actual or expected annualized rate of earnings exceeds \$75,000 per year). Provides that an employer or former employer shall not attempt to enforce a contract that is void and unenforceable under the Act regardless of whether the contract was signed and the employment was maintained outside of the State. Provides that, on or before April 1, 2025, an employer who entered into a covenant not to compete or a covenant not to solicit with an employee, or a former employees who was employed after January 1, 2023, shall notify the employee or the former employee that the covenant not to compete or the covenant not to solicit is void and unenforceable. Repeals provisions concerning the legitimate business interest of the employer; ensuring employees are informed about their obligations; and reformation of covenants not to compete and	Monitor	HOUSE Referred to Rules
			covenants not to solicit. Makes changes to definitions. Makes conforming changes.		
All	Consumer Fraud Agreements	HB 5476 Evans, Jr.	Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that any term or condition in any agreement that unnecessarily burdens a person's rights under the Act shall be null and void	Oppose	HOUSE Assigned to Judiciary - Civil
All	IL Privacy Rights Act	HB 5581 Huynh	Creates the Illinois Privacy Rights Act. Defines terms such as "biometric data", "consumer", "controller", "deidentified data", and "processor". Creates a consumer protection of privacy in which, with some	Oppose	HOUSE Referred to Rules

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			exceptions, provides an individual with the right to: (i) confirm whether or not a controller is processing the consumer's personal data and access such personal data; (iii) correct inaccuracies in the consumer's personal data; (iii) delete personal data provided by or obtained about the consumer; (iv) obtain a copy of the consumer's personal data processed by the controller in a portable and, to the extent technically feasible, readily usable format; and, (v) opt out of the processing of the personal data for purposes of targeted advertising, the sale of personal data, or profiling in furtherance of solely automated decisions that produce legal or similarly significant effects concerning the consumer. Defines a consumer as a resident of this State excluding an individual acting in commercial or employment context. Provides that this Act applies to persons that conduct business in this State or persons that produce products or services that are targeted to residents of this State that during a 1-year period: (i) controlled or processed the personal data of not less than 35,000 unique consumers, excluding personal data controlled or processed solely for the purpose of completing a payment transaction; or (ii) controlled or processed the personal data of not less than 10,000 unique consumers and derived more than 25% of their gross revenue from the sale of personal data. Provides that the Attorney General has the exclusive authority under this Act to enforce violations of it. Makes a violation of this Act an unfair method of competition or any unfair or deceptive act or practice under the Consumer Fraud and Deceptive Business Practices Act. Prohibits a private cause of action under this Act. <i>Effective January 1</i> , 2025.		
All	Consumer	HB 5588	Amends the Consumer Fraud and Deceptive Business Practices Act.	TBD	HOUSE
	Fraud- Developer Fees	Huynh	Provides that it is an unlawful practice for any person who hosts an online distribution platform for third-party software programs or applications to charge a fee or commission on a purchase made by a customer through a software program or application that was distributed through that platform. <i>Effective immediately.</i>		Referred to Rules

			ALL LINES - SENATE BILLS		
All	Genetic Information Prohibition	SB 68 Fine	Provides that, with regard to any policy, contract, or plan offered, entered into, issued, amended, or renewed on or after January 1, 2024 by a health insurer, life insurer, or long-term care insurer authorized to transact insurance in this State, a health insurer, life insurer, or long-term care insurer may not: (1) cancel, limit, or deny coverage or establish differentials in premium rates based on a person's genetic information; or (2) require or solicit an individual's genetic information, use an individual's genetic test results, or consider an individual's decisions or actions relating to genetic information or a genetic test in any manner for any insurance purpose. Provides that the provisions may not be construed as preventing a life insurer or long-term care insurer from accessing an individual's medical record as part of an application exam. Provides that nothing in the provisions prohibits a life insurer or long-term care insurer from considering a medical diagnosis included in an individual's medical record, even if the diagnosis is based on the results of a genetic test. <i>Effective July 1</i> , 2023.	Oppose	SENATE Re-referred to Assignments
All	Postcard Disclosure	SB 0371 (SFA 0001) Ventura	Replaces everything after the enacting clause. Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that provisions restricting the mailing of postcards or letters under specified circumstances apply to companies not connected to the company from which the recipient has purchased or obtained goods, services, or other merchandise. Provides that postcards or letters sent in compliance with the consumer protections of the Truth in Lending Act or the Truth in Savings Act are deemed to be in compliance with this Section. Makes conforming changes. <i>Effective January 1, 2024.</i>	Monitor (Submitted language to AG December 2023)	SENATE Referred to Assignments
All	Illinois Work Without Fear Act	SB 0504 (SFA 0001) Aquino	(AMENDMENT – (RE-REFERRED TO ASSIGNMENTS) Replaces everything after the enacting clause. Creates the Illinois Work Without Fear Act. Provides that it is unlawful for any person to engage in, or to direct another person to engage in, retaliation against any person or their family member or household member for the purpose of, or with the intent of, retaliating against any person for exercising any right protected under State employment laws or by any local	Monitor	SENATE Re-Referred to Assignments

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			employment ordinance. Sets forth the duties and powers of the		
			Department of Labor under the Act. Allows the Attorney General to		
			initiate or intervene in a civil action to obtain appropriate relief if the		
			Attorney General has reasonable cause to believe that any person has		
			violated the Act and deems it necessary to protect the rights and		
			interests of Illinois workers. Provides that nothing in the Act shall be		
			construed to prevent any person from making complaint or prosecuting		
			his or her own claim for damages caused by retaliation. Allows a		
			person who is the subject of retaliation prohibited by the Act to bring a		
			civil action for: (1) back pay, with interest, and front pay, or, in lieu of		
			actual damages, liquidated damages of \$30,000; (2) a civil penalty in		
			an amount of \$10,000; (3) reasonable attorney's fees and court costs;		
			and (4) equitable relief as the court may deem appropriate and just.		
			Provides that a person that violates any provision of the Act shall be		
			subject to an additional civil penalty in an amount of \$25,000 for each		
			violation, or \$50,000 for each repeat violation within a 5-year period.		
			Sets forth license suspension penalties for violations of the Act. Amends		
			the Whistleblower Act. Changes the definitions of "employer" and		
			"employee". Defines "public body", "retaliatory action", and		
			"supervisor". Provides that an employer may not take retaliatory action		
			against an employee who discloses or threatens to disclose information		
			about an activity, policy, or practice of the employer that the employee		
			has reasonable cause to believe violates a State or federal law, rule, or		
			regulation or poses a substantial and specific danger to public health or		
			safety. Includes additional relief, damages, and penalties for violation		
			of the Act. Allows the Attorney General to initiate or intervene in a civil		
			action to obtain appropriate relief if the Attorney General has		
			reasonable cause to believe that any person or entity is engaged in a		
			practice prohibited by the Act and deems it necessary to protect the		
			rights and interests of Illinois workers.		
All	Dental Loss	SB 1287	Sets forth provisions concerning dental loss ratio reporting. Provides	Oppose	SENATE
7 111	Ratio Act	Fine	that a health insurer or dental plan carrier that issues, sells, renews, or		Re-referred to
			offers a specialized health insurance policy covering dental services		Assignments
			shall, beginning July 1, 2023, annually submit to the Department of		7.00181111101110
			Insurance a dental loss ratio filing. Provides a formula for calculating		
			minimum dental loss ratios. Sets forth provisions concerning minimum		
			minimani acritar 1033 ratios. Sets for til provisions concerning minimani		

			dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.		
All	Dental Reimbursement	SB 1289 Fine (Gong- Gershowitz)	Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. <i>Effective immediately</i> . SB 1289 (SFA 0001) (ADOPTED)	Oppose	HOUSE Re-referred to Rules
			Provides that fees incurred directly by a dental care provider from third parties related to transmitting an automated clearing house network claim, transaction management, data management, or portal services and other fees charged by third parties that are not in the control of the dental plan carrier shall not be prohibited by the provisions. SB 1289 (HCA 0001) (TABLED)	Neutral with SA #1	
			Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Creates the Dental Loss Ratio Act. Sets forth provisions concerning dental loss ratio reporting. Provides that a health insurer or dental plan carrier that issues, sells, renews, or offers a specialized health insurance policy covering dental services shall, beginning January 1, 2024, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act. Provides that the Act does not apply to an insurance policy issued, sold, renewed, or offered for health care services or coverage provided as a	Oppose with HA #1	
			function of the State of Illinois Medicaid coverage for children or adults or disability insurance for covered benefits in the single specialized area of dental-only health care that pays benefits on a fixed benefit, cash payment-only basis. Defines terms. Amends the Dental Service Plan Act. Provides that dental service plan corporations and all persons interested therein or dealing therewith shall be subject to the Insurance		

5.22.24			Holding Company Systems Article of the Illinois Insurance Code. Provides that a dental service plan corporation shall not disburse during any one year (rather than shall not disburse during any one year, except upon the approval of the Director of Insurance) a sum greater than 20% of payments received from subscribers during that year as administrative expenses. Effective January 1, 2024. SB 1289 (HCA 0002) (ADOPTED) Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Makes a technical change in a Section concerning the short title.	Monitor with HCA #2	
All	Market Conduct	SB 1479 Gillespie	Department's Market Conduct Language	Oppose	SENATE Re-referred to Assignments
ALL	Vision Care	SB 1540 (SCA 0001) Castro	(AMENDMENT – REFERRED TO ASSIGNMENTS) Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that no vision care organization may issue a contract that requires an eye care provider, as a condition of participation in the vision care plan (rather than only requires an eye care provider), to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Provides that fees paid for materials supplied by a non-network lab are not required to be identical to fees paid for materials ordered through a network lab, but non-network lab fees shall be reasonable. Provides that a vision care organization and its officers, directors, agents, and employees are subject to specified laws. Provides that at the request of an enrollee, an eye care provider recommending an out-of-network source or supplier of vision care materials to an enrollee shall provide written notice to the enrollee stating that the source or supplier is an out-of-network laboratory or supplier of vision care materials, and any business interest the eye care provider has in the out-of-network source or supplier recommended to the enrollee (rather than shall provide written notice thereof). Provides that an eye care provider is required to offer an enrollee in-network sources or suppliers of vision care materials at the enrollee's request. Provides that the terms, fees, discounts, or reimbursement rates in a vision care plan may not be	Neutral	SENATE Re-Referred to Assignments

			changed during the term of the contract (rather than only may not be		
			changed) unless mutually agreed to in writing by the eye care provider		
			and the vision care organization. Provides that a change proposed to a		
			vision care plan by the vision care organization shall become effective if		
			the eye care provider fails to respond to the vision care organization		
			within 60 days after receipt of notice of the proposed changes. Provides		
			that the terms of a vision care plan contract that is amended, delivered,		
			issued, or renewed after the effective date of the Act shall comply with		
			the provisions. Provides that a vision care plan may enter into an		
			agreement with a health care plan to deliver routine vision care		
			services that are covered under the enrollee's plan. Provides that a		
			vision care plan may act as a network regarding routine vision care		
			services offered by a health care plan. Removes provisions concerning		
			misrepresentation and provisions concerning injunctive relief. Makes		
			other changes. Adds an immediate effective date		
All	Insurance	SB 1961	Provides that notwithstanding any other provision of law, a court may	Monitor	SENATE
	Business	Cunningham	issue any order, process, or judgment that is necessary or appropriate		Re-referred to
	Transfer Act		to carry out the provisions of this Act. Sets forth provisions concerning		Assignments
		(SWAPPED	notice requirements, application procedure, application to a court for		
		TO SB 762)	approval of a plan, approval and denial of insurance business transfer		
			plans, and fees and costs. Provides that the Department of Insurance		
			may adopt rules that are consistent with the provisions. Provides that		
			the portion of the application for an insurance business transfer that		
			would otherwise be confidential, including any documents, materials,		
			communications, or other information submitted to the Director of		
			Insurance in contemplation of an application, shall not lose such		
			confidentiality. Provides that insurers consent to the jurisdiction of the		
			Director with regard to ongoing oversight of operations, management,		
			and solvency relating to the transferred business. Provides that at the		
			time of filing its application for review and approval of an insurance		
			business transfer plan, an applicant shall pay a nonrefundable fee of		
			\$10,000 to the Department.		
All	Paid Family	SB 2217	Requires the Department of Employment Security to establish and	Monitor	SENATE
	Leave	Castro	administer a Family Leave Insurance Program that provides family		Re-referred to
			,		Assignments
1	Insurance		leave insurance benefits to eligible employees. Sets forth eligibility		Assignments

			individual may elect to be covered under the Act. Contains provisions		
			concerning disqualification from benefits; compensation for family		
			leave; the amount and duration of benefits; employer equivalent		
			plans; an annual report by the Department; hearings; penalties; notice;		
			the coordination of family leave; and rules. Amends the State Finance		
			Act. Creates the State Benefits Fund. <i>Effective immediately, except</i>		
			that provisions concerning the State Benefits Fund take effect June 1,		
			2024 and provisions concerning the amount and duration of paid		
			family leave take effect June 1, 2025.		
All	Commercial	SB 2307	Creates the Commercial Data Collector Tax Act. Provides that there	Oppose	SENATE
	Data Collector	Villaneuva	shall be a monthly excise tax on the collection of the consumer data of		Re-Referred to
	Tax		individual State consumers by commercial data collectors, which shall		Assignments
			be paid to the Department of Revenue and deposited into the General		
			Revenue Fund. Sets forth details regarding the tax to be paid, who		
			qualifies as a consumer for purposes of the tax and alternative		
			methods for collecting the tax. Contains provisions concerning		
			required disclosures and rulemaking by the Department. <i>Effective</i>		
			immediately.		
			SB 2307 (SCA 0001) (RE-REFERRED TO ASSIGNMENTS)		
			Replaces the number of consumers where a tax is imposed at \$.05 per		
			consumer per month from "0 to 999,999" to "1,000,000 to 1,999,999".		
			Corrects a typographical error.		
All	Supplier	SB 2381	Requires every insurance company authorized to do business in this	Monitor	SENATE
	Diversity	Harris III	State or accredited by this State with assets of at least \$50,000,000 to		Re-referred to
	Report		submit an annual report on its voluntary supplier diversity program to		Assignments
			the Department of Insurance. Sets forth provisions on what the report		
			must include and how and when the report must be submitted.		
			Provides that, for each report, the Department shall publish the results		
			on its Internet website for 5 years after submission. Requires the		
			Department to hold an annual insurance company supplier diversity		
			workshop in February of 2024 and every February thereafter to discuss		
			the reports with representatives of the insurance companies and		
			vendors. Provides that the Department shall prepare a template for		
			voluntary supplier diversity reports. <i>Effective immediately.</i>		
All	General	SB 2437	Creates the First 2023 General Revisory Act. Combines multiple	Monitor	SENATE
	Revisory	Cunningham	versions of Sections amended by more than one Public Act. Renumbers		
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			Sections of various Acts to eliminate duplication. Corrects obsolete		Re-referred to
			cross-references and technical errors. Makes stylistic changes.		Assignments
			Effective immediately.		
All	Paid Leave for	SB 2642	Amends the Paid Leave for All Workers Act. Changes the effective date	Monitor	SENATE
	All Workers	Glowiak-	of the Act from January 1, 2024 to July 1, 2024. <i>Effective immediately.</i>		Referred to
	Act	Hilton			Assignments
All	Motor Vehicle	SB 3213	Amends the Illinois Insurance Code. Provides that the amendatory Act	Oppose	SENATE
	Rates	Cervantes	may be referred to as the Motor Vehicle Insurance Fairness Act.	In Solidarity	Referred to
			Provides that no insurer shall refuse to issue or renew a policy of		Assignments
			automobile insurance based in whole or in part on specified prohibited		
			underwriting or rating factors. Sets forth factors that are prohibited		
			with respect to underwriting and rating a policy of automobile		
			insurance. Sets forth provisions concerning the use of territorial		
			factors. Provides that every insurer selling a policy of automobile		
			insurance in the State shall demonstrate that its marketing,		
			underwriting, rating, claims handling, fraud investigations, and any		
			algorithm or model used for those business practices do not		
			disparately impact any group of customers based on race, color,		
			national or ethnic origin, religion, sex, sexual orientation, disability,		
			gender identity, or gender expression. Provides that no rate shall be		
			approved or remain in effect that is excessive, inadequate, unfairly		
			discriminatory, or otherwise in violation of the provisions. Provides		
			that every insurer that desires to change any rate shall file a complete		
			rate application with the Director of Insurance. Provides that all		
			information provided to the Director under the provisions shall be		
			available for public inspection. Provides that any person may initiate or		
			intervene in any proceeding permitted or established under the		
			provisions and challenge any action of the Director under the		
			provisions. Provides that the Department of Insurance shall adopt		
			rules. Provides that all insurers subject to the provisions shall be		
			assessed a fee of 0.05% of their total earned premium from the prior		
			calendar year, and that the fee shall be payable to the Department no		
			later than July 1 of each calendar year and shall be used by the		
			Department to implement the provisions.		
All	Consumer	SB 3331	Amends the Consumer Fraud and Deceptive Business Practices Act.	TBD – Need	SENATE
	Fraud	Aquino	Provides that it is an unfair or deceptive act or practice within the	Feedback	2 nd Reading

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	Mandatory Fees		meaning of the Act for a person to: (1) advertise, display, or offer a price for goods or services that does not include all mandatory fees or charges other than taxes imposed by a government entity; or (2) engage in any fraudulent or deceptive conduct that creates a likelihood of confusion or of misunderstanding concerning the complete price of goods or services offered, displayed, or advertised. Provides that a person does not violate the provision if the total price of the goods or		
			services being offered, displayed, or advertised, including any mandatory fees a consumer would incur during the transaction, is clearly and conspicuously disclosed in each advertisement or display and whenever a price is first shown to a consumer. <i>Effective immediately</i> . SB 3331 (SCA 0001) (ADOPTED)	Oppose with	
			Replaces everything after the enacting clause. Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that it is an unlawful practice under the Act for a person to: (1) offer, display, or advertise an amount a consumer may pay for merchandise without clearly and conspicuously disclosing the total price; (2) fail, in any offer, display, or advertisement that contains an amount a consumer may pay, to display the total price more prominently than any other pricing information; (3) misrepresent the nature and purpose of any amount a consumer may pay, including the ability to refund the fees and the identity of any merchandise for which fees are charged; or (4) fail to disclose clearly and conspicuously before the consumer consents to pay, the nature and purpose of any amount a consumer may pay that is excluded from the total price, including the ability to refund the fees	Amendment #1	
All	Consumer Fraud/Fee Disclosure	SB 3485 Stadelman	and the identity of any merchandise for which fees are charged. Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that a covered entity shall clearly and conspicuously display, in every advertisement and when a price is first shown to a consumer, the total price of the goods or services provided by the covered entity, including any mandatory fees a consumer would incur during the monetary transaction. Provides that a covered entity shall clearly and conspicuously disclose any guarantee or refund policy prior to the completion of any monetary transaction with a consumer. Provides that if a refund is given to a consumer, provide a refund in the amount	Oppose	SENATE Referred to Assignments

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			of the total cost of the goods or services, including any mandatory fees. Provides that a violation of the provision is an unlawful practice within the meaning of the Act.		
All	Privacy Rights Act	SB 3517 Rezin	Creates the Privacy Rights Act. Sets forth duties and obligations of businesses that collected consumers' personal information and sensitive personal information to keep such information private. Sets forth consumer rights in relation to the collected personal information and sensitive personal information, including the right to: delete personal information; correct inaccurate personal information; know what personal information is sold or shared and to whom; opt out of the sale or sharing of personal information; limit use and disclosure of sensitive personal information; and no retaliation for exercising any rights. Sets forth enforcement provisions. Creates the Consumer Privacy Fund. Allows the Attorney General to create rules to implement the Act. Establishes the Privacy Protection Agency. Includes provisions regarding remedies and fines for violations of the Act. Makes a conforming change in the State Finance Act.	Oppose	SENATE Referred to Assignments