

<b>Health Issues - HOUSE BILLS</b>					
<b>Product Line Life/Health/All</b>	<b>Bill "Nickname"</b>	<b>Bill Number/Link</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
Health	Health Care Workforce Reinforcement Act	<a href="#">HB 0559 (HFA 0002)</a> Morgan (Glowiak/Hilton)	<p><b>Amendment (TABLED)</b></p> <p><i>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</i></p>	Oppose	HOUSE Concurrence

		<p><i>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. <b>Effective immediately.</b></i></p> <p><b><u><a href="#">HB 0559 (HFA 0003)</a></u> (ADOPTED)</b></p> <p><i>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</i></p>	<p>Neutral with Amendment #3</p>	
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		<p><i>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. <b>Effective immediately.</b></i></p> <p><a href="#">HB 0559 (HFA 0004)</a> (ADOPTED)</p> <p><i>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)</i></p> <p><a href="#">HB 0559 (SFA 0001)</a> (ADOPTED) MOTION TO CONCUR IN HOUSE RULES</p>	<p>No position change/Neutral</p> <p>No position change/Neutral</p>	
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			<i>Removes provisions amending the Illinois Public Aid Code concerning the coverage of pharmacy testing, screening, vaccinations, and treatment.</i>		
Health	State Based Exchange	<a href="#">HB 0579 (HFA 0001)</a> Gabel	<p><b>Amendment (RE-REFERRED TO RULES)</b>  <i>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. 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 Illinois Health Benefits Exchange Fund shall be the repository for moneys collected pursuant to fees or assessments on exchange issuers, federal financial participation as appropriate, and other moneys received as grants or otherwise appropriated for the purposes of supporting health insurance outreach, enrollment efforts, and plan management operations through an exchange. 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. <b>Effective immediately.</b></i></p> <p><a href="#">HB 0579 (HFA 0002)</a> <b>(REFERRED TO RULES)</b>  <i>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-</i></p>	Oppose	HOUSE 2 <sup>nd</sup> Reading  <b>(DEADLINE EXTENDED 5/19/23)</b>
				No position change/Oppose	

		<p><i>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 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. <b>Effective immediately.</b></i></p> <p><a href="#">HB 0579 (HFA 0003)</a> (REFERRED TO RULES)</p> <p><i>Replaces everything after the enacting clause. Amends the Department of Insurance Law. Sets forth provisions concerning the Marketplace Director of the Illinois Health Benefits Exchange. Amends the Illinois Procurement Code. Sets forth provisions concerning an exemption regarding any procurements necessary for the Department of Insurance to implement the Illinois Health Benefits Exchange Law. 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 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</i></p>	<p>Neutral</p>	
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			<p><i>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. Sets forth provisions creating the Illinois Health Benefits Exchange Advisory Committee. Makes a conforming change in the State Finance Act. <b>Effective immediately.</b></i></p>		
Health	Health Care For All	<a href="#">HB 1094</a> Flowers	<p>Creates the Health Care for All Illinois Act. Provides that all individuals residing in this State are covered under the Illinois Health Services Program for health insurance. Sets forth requirements and qualifications of participating health care providers. Sets forth the specific standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the program. Requires the State to establish the Illinois Health Services Trust to provide financing for the program. Sets forth the specific requirements for claims billed under the program. Provides that the program shall include funding for long-term care services and mental health services. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Provides that patients in the program shall have the same rights and privacy as they are entitled to under current State and federal law. Provides that 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. <b>Effective July 1, 2023.</b></p>	Oppose	<p>HOUSE Appropriations - Health and Human Services</p> <p><b>(Extended to 5//12/23)</b></p>
Health	HMO Referral	<a href="#">HB 1186</a> Croke (Fine)	<p>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</p>	Support	<p>SENATE 3<sup>rd</sup> Reading</p>

			<p>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". <b>Effective January 1, 2024</b></p> <p><a href="#">HB 1186 (HFA 0001)</a> (ADOPTED)</p> <p><i>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.</i></p>	No position change/Support	
Health	Reconstructive Services Domestic Violence Mandate	<a href="#">HB 1384</a> Cassidy (Cappel)	<p>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.</p> <p><a href="#">HB1384 (HCA 1)</a>(ADOPTED)</p> <p><i>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.</i></p>	Neutral  No position change/Neutral	SENATE 2 <sup>nd</sup> Reading
Health	Vaginal Estrogen Coverage Mandate	<a href="#">HB 1565</a> Stuart (Cappel)	<p>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.</p> <p><a href="#">HB1565 (HCA1)</a>(<del>PASSED</del>) (TABLED)</p> <p><i>Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued,</i></p>	Oppose  No position change/Oppose	SENATE 2 <sup>nd</sup> Reading



			<p><i>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.</i></p> <p><a href="#">HB 1565 (HFA 0002)</a> (ADOPTED) <i>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.</i></p> <p><a href="#">HB 1565 (SCA 0001)</a> (ADOPTED) <i>Provides that if (rather than if an individual's attending provider recommends) a particular vaginal estrogen product or its therapeutic equivalent version approved by the United States Food and Drug Administration is determined to be medically necessary (rather than based on the provider's determination), the issuer must cover that service or item pursuant to the cost-sharing requirement in specified provisions (rather than without cost sharing). Provides that a policy subject to the provisions shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement that exceeds any deductible, coinsurance, copayment, or any other cost-sharing requirement imposed on any prescription drug authorized for the treatment of erectile dysfunction covered by the policy (rather than on the coverage provided). Removes language providing that a policy is not required to include all therapeutic equivalent versions of vaginal estrogen in its formulary so long as at least one is included and covered without cost sharing and in accordance with the provisions.</i></p>	<p>Neutral with Amendment #2</p> <p>No position change/Neutral</p>	
Health	Insulin Co-Pay Cap \$35	<a href="#">HB 2189</a> 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). <b>Effective immediately.</b>	Oppose	SENATE 2 <sup>nd</sup> Reading





			<p>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.</p> <p><a href="#">HB 2799 (HCA 0001)</a> <b>(ADOPTED)</b>  <i>(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". <b>Effective January 1, 2024.</b></i></p>	Neutral with Amendment #1	
Health	Non-participating Providers	<a href="#">HB 3030</a> Morgan (Morrison)	ISMS Batching Bill (Aligns with Federal No Surprises Act)	Neutral	SENATE 3 <sup>rd</sup> Reading
Health	Saliva Cancer Test	<a href="#">HB 3202</a> Sanalidro (Lewis)	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	Neutral	SENATE Insurance Committee

			<p>Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. <b>Effective January 1, 2024.</b>  <a href="#">HB 3202 (HFA 0001)</a> (ADOPTED)  <i>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.</i></p>	No position change/Neutral	
Health	Behavioral Health Crisis Care	<a href="#">HB3230</a> LaPointe (Fine)	<p>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.  <a href="#">HB 3230 (HFA 0001)</a> (ADOPTED)  <i>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</i></p>	<p>Oppose</p> <p>Monitor</p>	<p>SENATE Behavioral &amp; Mental Health Committee</p>

			<p><i>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. <b>Effective immediately.</b></i></p> <p><a href="#">HB 3230 (SCA 0001)</a> (ASSIGNMENTS)</p> <p><i>Requires the Department of Human Services' Division of Mental Health to determine the sound costs (rather than the 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. Expands membership on the stakeholder working group to include labor unions that represent workers in the behavioral health workforce.</i></p>	No position change/Monitor	
Health	Medicaid Option	<a href="#">HB 3496</a> Olickal	<p>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.</p>	Oppose	HOUSE Appropriations Health & Human Services Committee (Medicaid & Managed Care Subcommittee) <b>(Extended to 5/19/23)</b>





			<p><i>impairment. Removes language providing that the coverage shall include 315 combined therapy sessions per year.</i></p> <p><a href="#">HB 3809 (HFA 0002)</a> <b>(ADOPTED)</b></p> <p><i>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.</i></p>	<p>No position change/Oppose</p>	
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SENATE BILLS					
Health	PANDAS Coverage Mandate	<a href="#">SB 101</a> Fine (Gong/ Gershowitz)	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 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.	Neutral (negotiated in previous General Assembly)	HOUSE 2 <sup>nd</sup> Reading
Health	PBM	<a href="#">SB 0757 (SFA 0001)</a> Koehler (Welch)	<b>Amendment – (WITHDRAWN)</b> <i>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</i>	Oppose	HOUSE Rules

		<p><i>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.</i></p> <p><b><u><a href="#">SB 0757 (SFA 0002)</a></u> (ADOPTED)</b></p> <p><i>Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that when conducting a pharmacy audit, an auditing entity shall comply with specified requirements. Provides that an auditing entity conducting a pharmacy audit may have access to a pharmacy's previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that an</i></p>	<p>Neutral with Amendment #2</p>	
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			<i>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.</i>		
Health	Liver Disease Benefit Coverage Mandate	<a href="#">SB 1282</a> Simmons (Huynh)	Mandates coverage for preventative screening for all over 18 at high risk for liver disease without cost sharing. <b><a href="#">SB 1282 (SFA 0001)</a> (ADOPTED)</b> <i>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 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.</i>	Oppose  Neutral with Amendment #1	HOUSE Insurance Committee
Health	Coverage Abortion/ hormone/ HIV	<a href="#">SB 1344</a> Villanueva (Cassidy)	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. <b><i>Effective immediately.</i></b> <i>This is a trailer bill with corrected language.</i> <b><a href="#">SB 1344 (SFA 0001)</a> (TABLED)</b> <i>Amends the Pharmacy Practice Act. Provides that in accordance with a standing order by the Department of Public Health, a pharmacist may</i>	Neutral          No position change/Neutral	HOUSE Prescription Drug Affordability & Accessibility Committee

			<p><i>provide patients with prophylaxis drugs for human immunodeficiency virus pre-exposure prophylaxis or post-exposure prophylaxis.</i></p> <p><a href="#">SB 1344 (SFA 0002)</a> <b>(ADOPTED)</b></p> <p><i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. 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.</i></p> <p><i>Provides that this coverage shall include drugs approved by the United States Food and Drug Administration that are prescribed or ordered for off-label use as abortifacients. Amends the Nurse Practice Act and the Physician Assistant Practice Act of 1987. In a provisions concerning temporary permits for specified health care professionals, provides that if the Department of Financial and Professional Regulation becomes aware of a violation occurring at a facility licensed by the Department of Public Health (rather than a licensed hospital, medical office, clinic, or other medical facility, or via telehealth service) the Department of Financial and Professional Regulation shall notify the Department of Public Health. 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. Amends the Abortion Care Clinical Training Program Act and the Freedom of Information Act. Provides that all program performance reports received by the Department of Public Health concerning the Abortion Care Clinical Training Program shall be treated as confidential and exempt from the Freedom of Information Act.</i></p> <p><b>Effective immediately.</b></p>	No position change/Neutral	
Health	Mandate Compression Sleeves	<a href="#">SB 1527</a> Ellman (Manley)	<p>Mandates coverage for compression sleeves.</p> <p><a href="#">SB1527 (SCA1)</a> <b>(ADOPTED)</b></p> <p><i>Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued,</i></p>	Oppose  No position change/Oppose	HOUSE Insurance Committee



			<i>contract with the Department for the medical assistance program may also provide reimbursement to a behavioral health facility that serves as the originating site at the time a behavioral telehealth service is rendered. Sets forth provisions concerning coverage of mental health and substance use disorder telehealth services. Provides that the Department may adopt rules to implement the provisions.</i>		
Health	Prosthetic Device	<a href="#">SB 2195</a> Gillespie (Faver Dias)	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. <a href="#">SB 2195 (SCA 0001)</a> (ADOPTED) <b><i>Adds a January 1, 2025 effective date.</i></b>	Oppose          Neutral with Amendment #1	HOUSE Insurance Committee