



April 30th

House Insurance Committee

3:00 PM

Room C-1 Stratton

SB 56- Medicare Enrollment Period- No position

SB 773- Infertility- No position

SB 2573- Cancer Coverage Wigs- No position

SB 2639- Fertility Coverage- No position

SB 2641- Network Adequacy Specialists- Oppose. This situation is dynamic, with providers regularly moving in and out of these roles. Plans often lack information on which providers specialize in areas such as emergency medicine, radiology, pathology, and anesthesia, especially when they exclusively work within hospital settings. Consequently, health plans cannot accurately assess the appropriate number of providers needed for these specialties, a responsibility typically held by individual hospitals. As such, health plans lack the authority to dictate staffing levels in these specific cases or require hospitals to disclose such information. Industry stakeholders are concerned that hospitals may not be able to promptly inform insurers of changes in their provider staff, leading to potential delays and inaccuracies in tracking. Also, it is important to note that the No Surprises Act introduces mechanisms to address surprise billing situations, such as establishing reimbursement rates for out-of-network services and requiring providers and insurers to engage in arbitration to resolve payment disputes.

SB 2672- Generic Drug Shortage- No position

SB 2697- Cancer Genetic Testing- No Position

SB 2735- Electronic Payment Fees- No position

SB 3130- SBM Omnibus- No position

SB 3203- Inhaler Coverage- No position

SB 3318- Alzheimer Treatment- No position

SB 3414- Continuous Glucose Monitor- No position

SB 3538- No position

SB 3599- No position

SB 3741- No position

Senate Insurance Committee

4:00PM

Room 400 Capitol

SB 1479- Market Conduct Bill- No Position

HB 2842- Auto Theft- No Position

HB 4789-Dental Preauthorization- No Position

HB5282-Miscarriage Stillbirth- No Position

HB 5295-Hormone Therapy/Menopause- No Position

HB 5313- Network Adequacy Directory- Oppose. The Council is negotiating with proponents and stakeholders of both HB 5313 and the broader HB 5395. However, as these bills advance, significant conflicts arise within the language, leading to potential discrepancies in interpretation. We anticipate addressing these concerns in conjunction with Senator Castro to harmonize the provisions.

May 1st

House Health Care Licenses Committee

10:00AM

Room 122C Capitol

SB 2586-Oppose. This bill proposes significant restrictions on teledentistry services within the state. The bill mandates that teledentistry services can only be provided by dentists who have physically rendered services to the patient, severely constraining the accessibility of such services. The bill also affects dental insurers' capacity to offer teledentistry services to their members. Currently, these services are readily accessible to all members, but SB 2586 would impede insurers' ability to provide this benefit. Restricting teledentistry services as proposed by SB 2586 could lead to decreased access to dental care in Illinois. This limitation may compel individuals to seek unnecessary emergency room visits, exacerbating healthcare costs and straining resources. SB 2586 contradicts established Illinois public policy and insurance law regarding teledentistry. The existing statute (215 ILCS 5/356z.22) mandates coverage of telehealth services in dental insurance policies without necessitating prior in-person visits. By contravening this law, SB 2586 undermines established legal requirements and compromises access to essential dental care.