

Health Issues - HOUSE BILLS					
Product Line Life/Health/All	Bill "Nickname"	Bill Number/Link	Bill Description/Action	ILHIC Position	Status
Health	Health Care Workforce Reinforcement Act	HB 0559 (HFA 0002) Morgan (Glowiak/Hilton) PA-103-0001 EFFECTIVE 4/27/23	Amendment (TABLED) <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>	Oppose	PUBLIC ACT 103-0001 EFFECTIVE 4/27/23

		<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. Effective immediately.</i></p> <p>HB 0559 (HFA 0003) (ADOPTED)</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. Effective immediately.</i></p> <p>HB 0559 (HFA 0004) (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>HB 0559 (SFA 0001) (ADOPTED) MOTION TO CONCUR IN HOUSE RULES - PREVAILED</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	HB 0579 (HFA 0001) Gabel	<p>Amendment (TABLED) <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. Effective immediately.</i></p> <p>HB 0579 (HFA 0002) (TABLED) <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	SENATE Assignments (3rd READING DEADLINE EXTENDED 5/19/23)
				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. Effective immediately.</i></p> <p><u>HB 0579 (HFA 0003)</u> (ADOPTED)</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. Effective immediately.</i></p> <p>HB 0579 (HFA 0004) (ADOPTED)</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 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</i></p>	<p>No position change/Neutral</p>	
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			<i>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>		
Health	Mental Health Working Group Task Force	HB 1364 (SFA 0001) Fine	<p><i>Amends the Illinois Insurance Code. Provides that an insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace in the State providing coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions shall submit an annual report, the format and definitions for which will be determined (rather than developed) by the Department of Insurance and the Department of Healthcare and Family Services (rather than a workgroup) and posted on their respective websites, starting on September 1, 2023 and annually thereafter, (rather than on or before July 1, 2020) that contains specified information. Removes provisions concerning a workgroup convened by the Department of Insurance and the Department of Healthcare and Family Services to provide recommendations to the General Assembly on health plan data reporting requirements.</i></p> <p>HB 1364 (SFA 0002) (ASSIGNMENTS)</p> <p><i>Amends the Community Emergency Services and Support Act. Changes "responder" to "mobile mental health relief provider" throughout the Act. Provides that the Department of Human Services, Division of Mental Health's guidance for 9-1-1 PSAPs and emergency services dispatched through 9-1-1 PSAPs for coordinating the response to individuals who appear to be in a mental or behavioral health emergency while engaging in conduct alleged to constitute a non-violent misdemeanor shall promote diversion from further criminal justice involvement, including prioritization of referrals to a pre-arrest or pre-booking case management unit in any areas served by pre-arrest or pre-booking case management. Requires the Statewide Advisory Committee to continue to meet until the Act has been fully implemented and mobile mental health relief providers are available in</i></p>	Support	<p>SENATE 3rd Reading</p> <p>AMENDMENT RECOMMEND BE ADOPTED</p> <p>(3RD Reading Deadline Extended 5/19/23)</p>

			<p><i>all parts of Illinois, and allows the Division of Mental Health to reconvene the Statewide Advisory Committee at its discretion after full implementation of the Act. Provides that, if no person is willing or available to fill a member's seat for one of the required areas of representation on a Regional Advisory Committee, the Secretary of Human Services shall adopt procedures to ensure that a missing area of representation is filled once a person becomes willing and available to fill that seat. Requires the Division of Mental Health to establish a clear plan and regular courses of action to engage, recruit, and sustain areas of established participation. Requires each Regional Advisory Committee to identify regional resources and supports for use by the mobile mental health relief providers as they respond to the requests for services. Provides that each 9-1-1 PSAP and emergency service dispatched through a 9-1-1 PSAP must begin coordinating its activities with the mobile mental and behavioral health services established by the Division of Mental Health once specified conditions are met, but not later than July 1, 2024 (rather than July 1, 2023). Requires the Division of Mental Health to submit a report to the General Assembly on or before July 1, 2023 and on a quarterly basis thereafter on its progress in implementing the Act. Makes other changes.</i></p>		
Health	Reconstructive Services Domestic Violence Mandate	<p>HB 1384 Cassidy (Cappel)</p>	<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>HB1384 (HCA 1)(ADOPTED) <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>	<p>Neutral</p> <p>No position change/Neutral</p>	<p>HOUSE Passed Both Houses</p>
Health	Vaginal Estrogen	<p>HB 1565 Stuart</p>	<p>Mandates coverage for coverage for one or more therapeutic equivalents versions of vaginal estrogen in its formulary. One must be</p>	<p>Oppose</p>	<p>HOUSE</p>

	Coverage Mandate	(Cappel)	<p>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>HB1565 (HCA1) (PASSED) (TABLED) <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>HB 1565 (HFA 0002) (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>HB 1565 (SCA 0001) (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>No position change/Oppose</p> <p>Neutral with Amendment #2</p> <p>No position change/Neutral</p>	Concurrence Calendar SA#1
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Health	Insulin Co-Pay Cap \$35	HB 2189 Guzzardi (Murphy)	<p>In provisions concerning cost sharing in prescription insulin drugs, provides that an insurer that provides coverage for prescription insulin drugs under the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed \$35 (rather than \$100). Effective immediately.</p> <p>HB 2189 (HCA 0001) (ADOPTED) <i>Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Changes the effective date to January 1, 2025 (instead of effective immediately). Removes the Access to Affordable Insulin Act.</i></p> <p>HB 2189 (SFA 0001)(TABLED) <i>Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Provides that "Department", for purposes of the provisions, means the Department of Central Management Services. Provides that "Director", for purposes of the provisions, means the Director of Central Management Services</i></p> <p>HB 2189 (SFA 0002) (ADOPTED) <i>Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Creates the Access to Affordable Insulin Act. Provides that the Department of Insurance shall offer a discount program that allows participants to purchase insulin at a discounted, post-rebate price. Sets forth provisions concerning the insulin discount program. Defines terms. Provides a July 1, 2025 effective date (rather than January 1, 2025).</i></p>	<p>Oppose</p> <p>Neutral with Amendment #1</p> <p>No position change/Neutral</p> <p>No position change/Neutral</p>	HOUSE Concurrence Calendar SA#2
Health	Pap Test and Prostate Testing Coverage Mandate Gender	HB 2350 Cassidy (Pacione/ Dyas)	<p>In provisions concerning pap tests and prostate cancer screenings, provides that required coverage includes an annual cervical smear or Pap smear test for all (rather than female) insureds. Provides that required coverage includes an annual prostate cancer screening for insureds (rather than male insureds) upon the recommendation of a physician licensed to practice medicine in all of its branches for specified individuals. Provides that required coverage includes an annual prostate cancer screening for insureds who are age 40 and over with a genetic predisposition to prostate cancer.</p> <p>HB 2350 (HFA 0001) (ADOPTED)</p>	Oppose	HOUSE Passed Both Houses

			Adds a January 1, 2025 effective date. Removes a reference to "women".	Neutral with Amendment #1	
	Hearing Aid Coverage Mandates	HB 2443 Chung (Koehler)	Provides that an individual or group policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide coverage for medically necessary hearing instruments and related services for all individuals (rather than all individuals under the age of 18) when a hearing care professional prescribes a hearing instrument to augment communication. Makes conforming changes, including repealing provisions concerning optional coverage or optional reimbursement for hearing instruments and related services. Effective January 1, 2025. HB 2443 (SFA 0001) (ADOPTED) <i>Deletes language repealing provisions concerning optional coverage or optional reimbursement for hearing instruments and related services</i>	No position No change in position	HOUSE Concurrence Calendar SA#1
Health	Proton Beam Mandate	HB 2799 Hammond (Koehler)	Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for the treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the insurer applies for the coverage of any other form of radiation therapy treatment. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage or benefits to any resident of this State for radiation oncology shall include coverage or benefits for physician-prescribed proton beam therapy for the treatment of cancer as recommended by the patient's physician. HB 2799 (HCA 0001) (ADOPTED) <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</i>	Oppose Neutral with Amendment #1	HOUSE Passed Both Houses

			<p><i>treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the insurer applies for the coverage of any other form of radiation therapy treatment. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than after the effective date of the amendatory Act) that provides coverage or benefits to any resident of the State for radiation oncology shall include coverage or benefits for medically necessary proton beam therapy for the treatment of cancer (rather than for physician-prescribed proton beam therapy for the treatment of cancer as recommended by the patient's physician). Defines "medically necessary". Effective January 1, 2024.</i></p>		
Health	Mental Health Care Acces	<p>HB 2847 Lilly</p>	<p>Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall cover all medically necessary out-of-network mental health visits, treatment, and services provided by a mental health provider or facility. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for 2 annual mental health prevention and wellness visits for children and for adults. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall not require the diagnosis of a mental, emotional, or nervous disorder or condition to establish medical necessity for mental health care, services, or treatment. Provides that the Department of Insurance shall contract with an independent third party with expertise in analyzing commercial insurance premiums and costs to perform an independent analysis of the impact of the coverage of services pursuant to the provisions has had on insurance premiums.</p> <p>HB 2847 (HFA 0001) (RE-REFERRED TO RULES) <i>Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. In provisions</i></p>	<p>Oppose</p> <p>No position change/Oppose</p>	<p>HOUSE 2nd Reading</p> <p>(3rd Reading Deadline Extended to 5/19/23)</p>

		<p>concerning coverage of out-of-network mental health care, specifies that the provisions apply to each market (rather than plan) in which the insurer offers or provides any network plan. Provides that the Department of Insurance may require an insurer to file utilization data to establish the disparity level in a market for the Base Year as needed. Sets forth provisions concerning annual filing requirements for insurers and provisions concerning Department review of disparity levels. Provides that the Department shall adopt any rules necessary to implement the provisions by no later than October 31, 2024 (rather than 2023). Defines terms. Removes provisions concerning coverage of medically necessary mental health care for individuals not diagnosed with a mental health disorder and provisions concerning analysis of mental health care coverage on insurance premiums. Makes other changes. Changes the effective date to July 1, 2024 (rather than effective immediately).</p> <p>HB 2847 (HFA 0002) (RECOMMEND BE ADOPTED)</p> <p>Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Creates the Mental Health and Wellness Act (rather than the Mental Health Equity Access and Prevention Act). In provisions concerning coverage of no-cost mental health prevention and wellness visits, provides that a mental health prevention and wellness visit shall be in addition to an annual physical examination. Provides that the Department of Insurance shall update current procedural terminology codes through adoption of rules if the codes listed in the provisions are altered, amended, changed, deleted, or supplemented. Provides that a mental health prevention and wellness visit may be incorporated into and reimbursed within any type of integrated primary care service delivery method. Provides that the Department shall adopt any rules necessary to implement the provisions by no later than October 31, 2024 (rather than 2023). Removes provisions concerning coverage of out-of-network mental health care, provisions concerning coverage of medically necessary mental health care for individuals not diagnosed with a mental health disorder, and provisions concerning analysis of mental health care coverage on insurance premiums. Makes conforming changes in the</p>	<p>Neutral</p>	
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			<p><i>State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Makes other changes. Effective immediately.</i></p> <p>HB 2847 (HFA 0003) (RECOMMEND BE ADOPTED)</p> <p><i>In provisions concerning coverage of no-cost mental health prevention and wellness visits, provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for one annual mental health prevention and wellness visit (rather than 2 annual mental health prevention and wellness visits) for children and for adults. Makes a grammatical correction</i></p>	No position change/Neutral	
Health	Non-participating Providers	HB 3030 Morgan (Morrison)	ISMS Batching Bill (Aligns with Federal No Surprises Act)	Neutral	HOUSE Passed Both Houses
Health	Saliva Cancer Test	HB 3202 Sanalidro (Lewis)	<p>Provides that an individual or group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2025 shall cover a medically necessary home saliva cancer screening every 24 months. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. Effective January 1, 2024.</p> <p>HB 3202 (HFA 0001) (ADOPTED)</p> <p><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>	Neutral	HOUSE Passed Both Houses
Health	Behavioral Health Crisis Care	HB3230 LaPointe (Fine)	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	Oppose	HOUSE Concurrence to SA #1

			<p>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.</p> <p>HB 3230 (HFA 0001) (ADOPTED)</p> <p><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 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</i></p>	<p>Monitor</p>	
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			<p><i>Health's Crisis Care Continuum Program". Makes other technical changes. Effective immediately.</i> HB 3230 (SCA 0001) (ADOPTED) <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	<p>HB 3496 Olickal</p>	<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	<p>HOUSE Appropriations Health & Human Services Committee (Medicaid & Managed Care Subcommittee) (COMMITTEE & 3RD READING DEADLINE EXTENDED 5/19/23)</p>
Health	PBM Information Disclosure	<p>HB 3631 Huynh (Simmons)</p>	<p>Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager shall not prohibit a pharmacist or pharmacy from, or indirectly punish a pharmacist or pharmacy for, making any written or oral statement or otherwise disclosing information to any federal, State, county, or municipal official, including the Director of Insurance or law enforcement, or before any State, county, or municipal committee, body, or proceeding under specified circumstances. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022). HB 3631 (HFA 0001) (TABLED)</p>	Monitor	<p>HOUSE Concurrence Calendar SA #1</p>

			<p>injectors at an amount not to exceed \$60, regardless of the type of epinephrine injector. Provides that nothing in the provisions prevents an insurer from reducing an insured's cost sharing by an amount greater than the specified amount. Provides that the Department of Insurance may adopt rules as necessary to implement and administer the provisions.</p> <p>HB 3639 (HCA 0001) (PASSED) (TABLED) <i>Adds a January 1, 2025 effective date.</i></p> <p>HB 3639 (HFA 0002) (ADOPTED) <i>Adds a January 1, 2025 effective date.</i></p>	Neutral with Amendment #1 No position change/Neutral	
Health	Low Tone Hearing Impairment Mandate	<p>HB 3809 DeLuca (Joyce)</p>	<p>Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment. Provides that the coverage shall include 315 combined therapy sessions per year.</p> <p>HB 3809 (HCA 0001) (PASSED) (TABLED) <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>HB 3809 (HFA 0002) (ADOPTED) <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,</i></p>	<p>Oppose</p> <p>No position change/Oppose</p> <p>No position change/Oppose</p>	HOUSE Passed Both Houses

			<i>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>		
Health	Prior Authorization	HB 4055 Hauter	Amends the Prior Authorization Reform Act. Changes the definition of "emergency services" to provide that for the purposes of the provisions, emergency services are not required to be provided in the emergency department of a hospital. Provides that notwithstanding any other provision of law, a health insurance issuer or a contracted utilization review organization may not require prior authorization or approval by the health plan for emergency services.	Oppose	HOUSE Rules

SENATE BILLS					
Health	PANDAS Coverage Mandate	SB 101 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)	SENATE Passed Both Houses
Health	PBM	SB 0757 (SFA 0001) Koehler (Welch)	Amendment – (WITHDRAWN) <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 Prescription Drug Affordability & Accessibility Committee (COMMITTEE/ FINAL ACTION DEADLINE EXTENDED 5/19/23)

		<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><u>SB 0757 (SFA 0002)</u> (ADOPTED)</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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			<p><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></p> <p>SB 0757 (HCA 0001) (PRESCRIPTION DRUG AFFORDABILITY & ACCESSIBILITY COMMITTEE)</p> <p><i>In the definition of "audit", changes a reference from "pharmacist service" to "pharmacist or pharmacy service". Changes references from "fraud, waste, or abuse" to "fraud or knowing and willful misrepresentation".</i></p>	No position change/Neutral	
Health	Liver Disease Benefit Coverage Mandate	<p>SB 1282 Simmons (Huynh)</p>	<p>Mandates coverage for preventative screening for all over 18 at high risk for liver disease without cost sharing.</p> <p>SB 1282 (SFA 0001) (ADOPTED)</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 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></p>	<p>Oppose</p> <p>Neutral with Amendment #1</p>	SENATE Passed Both Houses
Health	Coverage Abortion/ hormone/ HIV	<p>SB 1344 Villanueva (Cassidy)</p>	<p>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</p>	Neutral	SENATE Passed Both Houses

		<p>Administration, and follow-up services related to that coverage. Effective immediately. <i>This is a trailer bill with corrected language.</i> SB 1344 (SFA 0001) (TABLED) <i>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.</i> SB 1344 (SFA 0002) (ADOPTED) <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. 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</i></p>	<p>No position change/Neutral</p> <p>No position change/Neutral</p>	
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			<i>as confidential and exempt from the Freedom of Information Act. Effective immediately.</i>		
Health	Mandate Compression Sleeves	SB 1527 Ellman (Manley)	Mandates coverage for compression sleeves. SB1527 (SCA1) (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, 2024 shall provide coverage for compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema (rather than only coverage for compression sleeves).</i> SB 1527 (SFA 0002) (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) shall provide coverage for compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema.</i>	Oppose No position change/Oppose Neutral with Amendment #2	SENATE Passed Both Houses
Health	Insulin Co Pay \$35	SB 1559 Murphy (Guzzardi)	Amends the Illinois Insurance Code. In provisions concerning cost sharing in prescription insulin drugs, provides that an insurer that provides coverage for prescription insulin drugs under the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed \$35 (rather than \$100). Effective immediately. SB1559 (SCA 1) (ADOPTED) <i>Provides that the Department of Insurance shall offer a discount program that allows participants to purchase insulin at a discounted, post-rebate price. Sets forth provisions concerning the discount program. Changes the effective date to January 1, 2025 (rather than effective immediately). Removes provisions concerning an insulin urgent-need program.</i>	Oppose Neutral with Amendment #1	HOUSE 2 nd Reading
Health	Telehealth Services	SB 1913 Fine (Douglass)	Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the medical assistance program shall be subject to provisions of the Illinois Insurance Code concerning telehealth services.	Monitor	SENATE Passed Both Houses)

			<p><i>procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if the procedures comply with specified requirements. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide, for individuals 45 years of age and older, coverage for an annual menopause health visit. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for all types of injectable medicines prescribed on-label or off-label to improve glucose or weight loss for use by adults diagnosed or previously diagnosed with prediabetes, gestational diabetes, or obesity. Makes other changes. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. Effective immediately</i></p>		
Health	Cancer Coverage/ Wigs	SB 2573 Harris, N	<p><i>Amends the Accident and Health Article of the Illinois Insurance Code. Provides that a group or individual plan of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide coverage for wigs or other scalp prostheses worn for hair loss caused by alopecia, chemotherapy, or radiation treatment for cancer or other conditions. Makes a conforming change in the Health Maintenance Organization Act and the Voluntary Health Services Plans Act. Effective immediately.</i></p>	Oppose	SENATE Assignments