			HOUSE BILLS		
Product Line Life/Health/All	**Bill "Nickname"**	**Bill Number/Link**	**Bill Description/Action**	**ILHIC Position**	**Status**
All	Cyber Security Insurance	HB47 Hoffman (Harris, N)	Provides that if the entry of an Order of Liquidation occurs on or after January 1, 2023, then the obligations shall not exceed $500,000 or exceed without any deduction $50,000 for any unearned premium claim or refund under any one policy. Provides that in no event shall the Fund be obligated to pay an amount in excess of $500,000 in the aggregate for all first-party and third-party claims under a policy or endorsement providing cybersecurity insurance coverage and arising out of or related to a single insured event, regardless of the number of claims made or number of claimants. Provides that the Illinois Insurance Guaranty Fund shall have the right to appoint or approve and to direct legal counsel and other service providers under any other insurance policies subject to the provisions, regardless of any limitations in the policy. Provides that the Fund may employ or retain such persons as are necessary to provide policy benefits and services. Provides that the Fund may, at its sole discretion and without assumption of any ongoing duty to do so, pay any cybersecurity insurance obligations covered by a policy of an insolvent company on behalf of a high net worth insured.	Monitor	HOUSE Passed Both Houses
Health	Health Care Workforce Reinforcement Act	HB 0559 (HFA 0002) Morgan (Glowiak-Hilton) **PA-103-0001** ***EFFECTIVE 4/27/23***	**Amendment (TABLED)** *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*	Oppose	**PUBLIC ACT 103-0001** ***EFFECTIVE 4/27/23***

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

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

			existing public health threats. Provides that a registered pharmacy technician or student pharmacist may administer COVID-19 therapeutics and COVID-19 and influenza vaccinations subject to certain conditions. Amends the Illinois Public Aid Code and the Illinois Insurance Code to provide coverage for in-pharmacy COVID and influenza testing, screening, vaccination, and treatments. ***Effective immediately.*** HB 0559 (HFA 0004) **(ADOPTED)** *Provides that the "practice of pharmacy" includes the ordering and administration of tests and screenings for (i) influenza, (ii) SARS-COV 2, and (iii) health conditions identified by a statewide public health emergency, as defined in the Illinois Emergency Management Agency Act (instead of other emerging and existing public health threats identified by the Department of Public Health or by emergency order)* HB 0559 (SFA 0001) **(ADOPTED) MOTION TO CONCUR IN HOUSE RULES- PREVAILED** *Removes provisions amending the Illinois Public Aid Code concerning the coverage of pharmacy testing, screening, vaccinations, and treatment.*	No position change/Neutral No position change/Neutral	
Health	State Based Exchange	HB 0579 (HFA 0001) Gabel	Amendment **(TABLED)** *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*	Oppose	SENATE Assignments

			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.*** HB 0579 (HFA 0002) **(TABLED)** *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 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*	No position change/Oppose	

			Illinois Health Benefits Exchange Advisory Committee. ***Effective immediately.*** HB 0579 (HFA 0003) **(ADOPTED)** *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 Benefits Exchange Advisory Committee. Makes a conforming change in the State Finance Act.* ***Effective immediately****.* HB 0579 (HFA 0004) **(ADOPTED**) *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.*	Neutral No position change/Neutral	

			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 Benefits Exchange Advisory Committee. Makes a conforming change in the State Finance Act. ***Effective immediately.***		
Life	Felony Underwriting	HB 1068 Mayfield	Provides that an insurer or producer authorized to issue policies of insurance in the State may not make a distinction or otherwise discriminate between persons, reject an applicant, cancel a policy, or demand or require a higher rate of premium for reasons based solely upon the basis that an applicant or insured has been convicted of a felony. HB 1068 (HCA 1) ~~**(PASSED)**~~ **(TABLED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that with respect to life insurance final expense policies, no life company authorized to issue those policies in the State shall refuse to insure, refuse to continue to insure, limit the amount, extent, or kind of coverage available to, or charge an individual a different rate for the same coverage solely on the basis that an insured or applicant has been convicted of a felony. Provides that nothing in the provisions shall be construed to require a life company to issue or otherwise provide coverage for a life insurance*	Oppose Neutral with Amendment #1	HOUSE 2nd Reading ***(3rd READING DEADLINE EXTENDED 5/19/23***)

			policy to a person who is actively incarcerated pursuant to a felony conviction. Defines "final expense policy". HB 1068 (HFA 0002) **(RECOMMEND BE ADOPTED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that with respect to life insurance final expense policies, no life company authorized to issue those policies in the State shall refuse to insure, refuse to continue to insure, limit the amount, extent, or kind of coverage available to, or charge an individual a different rate for the same coverage solely on the basis that an insured or applicant has been convicted of a felony. Provides that nothing in the provisions shall be construed to require a life company to issue or otherwise provide coverage for a life insurance policy to a person who is actively incarcerated pursuant to a felony conviction. Defines "final expense policy".*	No position change/Neutral	
Health	Health Care For All	HB 1094 Flowers	Creates the Health Care for All Illinois Act. Provides that all individuals residing in this State are covered under the Illinois Health Services Program for health insurance. Sets forth requirements and qualifications of participating health care providers. Sets forth the specific standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the program. Requires the State to establish the Illinois Health Services Trust to provide financing for the program. Sets forth the specific requirements for claims billed under the program. Provides that the program shall include funding for long-term care services and mental health services. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Provides that patients in the program shall have the same rights and privacy as they are entitled to under current State and federal law. Provides that the Commissioner, the Chief Medical Officer, the public State board members, and employees of the program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. ***Effective July 1, 2023.***	Oppose	HOUSE Appropriations - Health and Human Services ***(COMMITTEE & 3RD READING DEADLINE EXTENDED 5/19/23***)

Health	HMO Referral	HB 1186 Croke (Fine)	Amends the Health Maintenance Organization Act. Provides that the powers of a health maintenance organization include the voluntary use of a referral system for enrollees to access providers under contract with or employed by the health maintenance organization. Provides that the provisions shall not be construed as requiring the use of a referral system to obtain a certificate of authority. Changes the definition of "health care plan". Defines "referral system". ***Effective January 1, 2024.*** HB 1186 (HFA 0001) **(ADOPTED)** *Provides that the Director may prescribe by rule the language that must be included in the plan name, marketing, advertising, or other consumer disclosure requirements to differentiate a health care plan that does not use a referral system for such providers from a health care plan that does use a referral system for such providers. Provides that the provisions shall not be construed as requiring the use of a referral system with the health maintenance organization's contracted or employed providers to obtain a certificate of authority.*	Support No position change/Support	HOUSE Passed Both Houses
Health	Mental Health Working Group Task Force	HB 1364 (SFA 0001) Fine	*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.* HB 1364 (SFA 0002) **(ASSIGNMENTS)**	Support	SENATE 3rd Reading ***AMENDMENT (RECOMMEND BE ADOPTED)*** ***(3RD READING DEADLINE EXTENDED TO 5/19/23)***

			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 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.		
Health	Reconstructive Services	HB 1384 Cassidy	Provides that a group or individual policy of accident and health insurance that is amended, delivered, issued, or renewed on or after	Neutral	HOUSE

	Domestic Violence Mandate	(Cappel)	January 1, 2025 may not deny coverage for medically necessary reconstructive services that are intended to restore physical appearance. Amends the Medical Assistance Article of the Illinois Public Aid Code. HB1384 (HCA 1)(**ADOPTED)** *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.*	No position change/Neutral	Passed Both Houses
Health	Vaginal Estrogen Coverage Mandate	HB 1565 Stuart (Cappel)	Mandates coverage for coverage for one or more therapeutic equivalents versions of vaginal estrogen in its formulary. One must be included in the formulary without cost sharing. If a provider determines that there is a different estrogen to be provided, that estrogen shall be covered with no cost sharing. HB1565 (HCA1) ~~**(PASSED**~~) **(TABLED)** *Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than January 1, 2024) and that provides coverage for prescription drugs shall include coverage for one or more therapeutic equivalent versions of vaginal estrogen in its formulary.* HB 1565 (HFA 0002) **(ADOPTED)** *Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than January 1, 2024) and that provides coverage for prescription drugs shall include coverage for one or more therapeutic equivalent versions of vaginal estrogen in its formulary.* HB 1565 (SCA 0001) **(ADOPTED)** *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*	Oppose No position change/Oppose Neutral with Amendment #2 No position change/Neutral	HOUSE Concurrence Calendar on SA#1

			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		
All	Dental Network Plan Change	HB 2072 Gong-Gershowitz (Fine)	In provisions concerning provider notification of dental plan changes, provides that no insurer, service corporation, dental service plan corporation, insurance network leasing company, or any company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act that provides dental insurance may automatically enroll a provider in a leased network without the provider's written consent. Provides that any contract entered into or renewed on or after the effective date of the amendatory Act that allows the rights and obligations of the contract to be assigned or leased to another insurer shall provide for notice that informs each provider in writing via certified mail 90 days before any scheduled assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease within 30 days after the assignment or lease to the contracting dentist). Provides that an insurer, service corporation, dental service plan corporation, insurance network leasing company, or any company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act that provides dental insurance that leases or assigns its network shall not cancel a network participating dentist's contractual relationship or otherwise penalize a network participating dentist in any way based on	Oppose	HOUSE Passed Both Houses

			whether or not the dentist accepts the terms of the assignment or lease. HB 2072 (HCA 0001) **~~(PASSED)~~ TABLED** *Further amends the Illinois Insurance Code. Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement.* HB 2072 (HFA 0002) **(TABLED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that no dental carrier may automatically enroll a provider in a leased network without allowing any provider that is part of the dental carrier's provider network to choose to not participate by opting out. Provides that the provisions do not apply if access to a provider network contract is granted to a dental carrier or an entity operating in accordance with the same brand licensee program as the contracting entity or to a provider network contract for dental services provided to beneficiaries of specified health plans. Provides that any contract entered into or renewed on or after the effective date of the amendatory Act that allows the rights and obligations of the contract to be assigned or leased to another insurer shall provide for notice that informs each provider in writing via certified mail 60 days before any scheduled assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease within 30 days after the assignment or lease to the contracting dentist). Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to*	No position change/Oppose No position change/Oppose	

			access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. Makes other changes. HB 2072 (HFA 0003) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that no dental carrier may automatically enroll a provider in a leased network without allowing any provider that is part of the dental carrier's provider network to choose to not participate by opting out. Provides that the provisions do not apply if access to a provider network contract is granted to a dental carrier or an entity operating in accordance with the same brand licensee program as the contracting entity or to a provider network contract for dental services provided to beneficiaries of specified health plans. Provides that any contract entered into or renewed on or after the effective date of the amendatory Act that allows the rights and obligations of the contract to be assigned or leased to another insurer shall provide for notice that informs each provider in writing via certified mail 60 days before any scheduled assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease within 30 days after the assignment or lease to the contracting dentist). Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. Provides that fees incurred directly by a dental care provider from third parties related to transmitting an automated clearing house network claim, transaction management, data management, or portal services and other fees charged by third parties*	Neutral with Amendment #3	

			that are not in the control of the dental plan carrier shall not be prohibited by the provisions. Makes other changes.		
All	Insurance Data Security Law	HB 2130 Morgan (Harris, N.)	Sets forth provisions concerning an information security program, investigations of cybersecurity events, and notifications of cybersecurity events. Provides that the Director of Insurance shall have power to examine and investigate into the affairs of any licensee to determine whether the licensee has been or is engaged in any conduct in violation of the Act. Provides that whenever the Director has reason to believe that a licensee has been or is engaged in conduct in the State which violates the Act, the Director may take action that is necessary or appropriate to enforce the provisions of the Act. Provides that any documents, materials, or other information in the control or possession of the Department of Insurance that are furnished by a licensee or an employee or agent acting on behalf of a licensee or that are obtained by the Director in an investigation or examination shall be confidential by law and privileged, shall not be subject to the Freedom of Information Act, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action. HB 2130 (HFA 0001) **(ADOPTED)** *Makes a change in provisions concerning notification of a cybersecurity event. Sets forth provisions concerning an exemption from specified provisions.*	Oppose No position change/Oppose	HOUSE Passed Both Houses
Health	Insulin Co-Pay Cap $35	HB 2189 Guzzardi (Murphy)	In provisions concerning cost sharing in prescription insulin drugs, provides that an insurer that provides coverage for prescription insulin drugs under the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed $35 (rather than $100). ***Effective immediately***. HB 2189 (HCA 0001) **(ADOPTED)** *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.*	Oppose Neutral with Amendment #1	HOUSE Concurrence Calendar SA#2

			HB 2189 (SFA 0001)(**TABLED)** *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* HB 2189 (SFA 0002) **(ADOPTED)** *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).***	No position change/Neutral No position change/Neutral	
Health	Pap Test and Prostate Testing Coverage Mandate Gender	HB 2350 Cassidy (Pacione/ Zayas)	In provisions concerning pap tests and prostate cancer screenings, provides that required coverage includes an annual cervical smear or Pap smear test for all (rather than female) insureds. Provides that required coverage includes an annual prostate cancer screening for insureds (rather than male insureds) upon the recommendation of a physician licensed to practice medicine in all of its branches for specified individuals. Provides that required coverage includes an annual prostate cancer screening for insureds who are age 40 and over with a genetic predisposition to prostate cancer. HB 2350 (HFA 0001) **(ADOPTED)** ***Adds a January 1, 2025 effective date****. Removes a reference to "women".*	Oppose Neutral with Amendment #1	HOUSE Passed Both Houses
Health	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	No position	HOUSE Concurrence Calendar SA #1

			reimbursement for hearing instruments and related services. ***Effective January 1, 2025.*** HB 2443 (SFA 0001) (**ADOPTED)** *Deletes language repealing provisions concerning optional coverage or optional reimbursement for hearing instruments and related services*	No change in position	
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)** *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	Oppose Neutral with Amendment #1	HOUSE Passed Both Houses

			as recommended by the patient's physician). Defines "medically necessary". ***Effective January 1, 2024***		
Health	Mental Health Care Access	HB 2847 Lilly	Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall cover all medically necessary out-of-network mental health visits, treatment, and services provided by a mental health provider or facility. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for 2 annual mental health prevention and wellness visits for children and for adults. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 shall not require the diagnosis of a mental, emotional, or nervous disorder or condition to establish medical necessity for mental health care, services, or treatment. Provides that the Department of Insurance shall contract with an independent third party with expertise in analyzing commercial insurance premiums and costs to perform an independent analysis of the impact of the coverage of services pursuant to the provisions has had on insurance premiums. HB 2847 (HFA 0001) **(RE-REFERRED TO RULES)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. In provisions concerning coverage of out-of-network mental health care, specifies that the provisions apply to each market (rather than plan) in which the insurer offers or provides any network plan. Provides that the Department of Insurance may require an insurer to file utilization data to establish the disparity level in a market for the Base Year as needed. Sets forth provisions concerning annual filing requirements for insurers and provisions concerning Department review of disparity levels. Provides that the Department shall adopt any rules necessary to implement the provisions by no later than October 31, 2024 (rather than 2023). Defines terms. Removes provisions concerning coverage of medically necessary mental health care for individuals not diagnosed*	Oppose No position change/Oppose	HOUSE 2nd Reading ***(3rd Reading Deadline Extended 5/19/22)***

			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).*** HB 2847 (HFA 0002) **(RECOMMEND BE ADOPTED)** *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 State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Makes other changes.* ***Effective immediately.*** HB 2847 (HFA 0003) **(RECOMMEND BE ADOPTED)** *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.*	Neutral Neutral	

Health	Non-participating Providers	HB 3030 Morgan (Morrison)	ISMS Batching Bill (Aligns with Federal No Surprises Act)	Neutral	HOUSE Passed Both Houses
Life	Cemeteries	HB 3102 Andrade (Cervantes)	Defines "average fair market value", "total return percentage", and "net income". Provides that a trustee may apply to the Comptroller to establish a master trust fund in which deposits are made. Allows a cemetery authority to take distributions from its fund either by distributing ordinary income or total return distribution. Requires an application for the implementation of the total return distribution method to be submitted to the Comptroller at least 120 days before the effective date of the election to receive total return distribution. Allows, where no receiver is available, a circuit court to order a willing local municipality, township, county, or city to take over the cemetery. Repeals a provision regarding the use of care funds. HB 3102 (HCA 0001) **(~~PASSED~~) TABLED)** *Replaces everything after the enacting clause with the provisions of the introduced bill, and makes the following changes: Provides that it shall be unlawful for any person to restrain, prohibit, or interfere with the burial of a decedent whose time of death and religious tenets or beliefs necessitate burial on a Sunday or legal holiday or prohibit in any manner, dedications of monuments or headstones, family visitations, or visitations to veterans' memorials on a Sunday or legal holiday. Provides that nothing in such provisions shall require any maintenance staff or burial professionals to be present on the day of such dedications.* ***Adds an effective date of January 1, 2025.*** HB 3102 (HFA 0002) **(ADOPTED)** ***Adds an effective date of January 1, 2025.***	Monitor No position change/Monitor No position change/Monitor	SENATE Assignments
	Equal Pay	HB 3129 Canty (Pacione/ Zayas)	Amends the Equal Pay Act of 2003. Provides that it is unlawful for an employer with 15 or more employees to fail to include the pay scale for a position in any job posting. Provides that if an employer with 15 or more employees engages a third party to announce, post, publish, or otherwise make known a job posting, the employer shall provide the pay scale to the third party and the third party shall include the pay scale in the job posting. Defines "pay scale". Makes conforming	Monitor	HOUSE Concurrence Calendar SA #1 and SA#2

			changes to provisions concerning violations of the Act and fines and penalties**. Effective immediately.** HB 3129 (HFA 0001) **(ADOPTED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes: Further amends the Equal Pay Act of 2003. Provides that an employer shall be liable for a third party's failure to include the pay scale and benefits in a job posting. Provides that an employer shall announce, post, or otherwise make known all opportunities for promotion to all current employees no later than the same calendar day that the employer makes an external job posting for the position. Provides that an employer shall make and preserve records that document the pay scale and benefits for a position. Provides that the Department of Labor may initiate investigations of alleged violations of provisions concerning disclosing a pay scale in job postings. Provides that, if the Department determines that a violation occurred, the employer shall have 7 days upon receipt of notice of a violation from the Department to remedy the violation. Provides that the employer shall demonstrate to the Department that the violation has been remedied or the employer shall be subject to a civil penalty of $100 per day for each day that a violation continues after the 7-day notice period**. *Effective January 1, 2024 (rather than effective immediately).*** HB 3129 (SCA 0001) (**ADOPTED**) *Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes: Further amends the Equal Pay Act of 2003. Provides that provisions requiring the posting of pay scale and benefits only applies to positions that will be physically performed, at least in part, in Illinois, or positions that will be physically performed outside of Illinois, but the employee reports to a supervisor, office, or other work site in Illinois. Provides that nothing prohibits an employer or employment agency from asking an applicant about his or her wage or salary expectations for the position the applicant is applying for. Provides that an employer or employment agency shall disclose to an applicant for employment the pay scale and benefits to be offered for the position prior to any offer or discussion of*	No position change/Monitor No position change/Monitor	

			compensation and at the applicant's request, if a public or internal posting for the job, promotion, transfer, or other employment opportunity has not been made available to the applicant. Provides that an employer shall make and preserve records that document the pay scale and benefits for a position. Provides that the Department of Labor may initiate investigations of alleged violations of provisions concerning disclosing a pay scale in job postings. Provides that the Department may investigate and levy civil penalties against employers that violate provisions concerning the posting of pay scale and benefits. Defines "pay scale and benefits". ***Effective January 1, 2025 (rather than effective January 1, 2024).*** HB 3129 (SFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes: Provides that if an employer engages a third party to announce, post, publish, or otherwise make known a job posting, the employer shall provide the pay scale and benefits, or a hyperlink to the pay scale and benefits, to the third party and the third party shall include the pay scale and benefits, or a hyperlink to the pay scale and benefits, in the job posting. Provides that the Department of Labor, during its investigation of a complaint, shall make a determination as to whether a job posting is not active by considering the totality of the circumstances, including, but not limited to: (i) whether a position has been filled; (ii) the length of time a posting has been accessible to the public; (iii) the existence of a date range for which a given position is active; and (iv) whether the violating posting is for a position for which the employer is no longer accepting applications. Makes other changes.* ***Effective January 1, 2025.***	No position change/Monitor	
Health	Saliva Cancer Test	HB 3202 Sanalitro (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	Neutral	HOUSE Passed Both Houses

			Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. ***Effective January 1, 2024***. HB 3202 (HFA 0001) **(ADOPTED)** *Provides that an individual or group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2025 shall cover a medically necessary home saliva cancer screening every 24 months if the patient is asymptomatic and at high risk for the disease being tested for or demonstrates symptoms of the disease being tested for at a physical exam (rather than shall cover a medically necessary home saliva cancer screening every 24 months). Removes provisions concerning the Illinois Public Aid Code.*	No position change/Neutral	
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 developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State, including crisis call centers, mobile crisis response team services, crisis receiving and stabilization centers, and other acute behavioral health services. Contains provisions concerning recommendations on multiple sources of funding that could potentially be utilized to support a sustainable and comprehensive continuum of behavioral health crisis response services; a behavioral health crisis workforce; an action plan; a stakeholder working group to develop recommendations to coordinate programming and strategies to support a cohesive behavioral health crisis response system; and other matters. HB 3230 (HFA 0001) (**ADOPTED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill but with the following changes: Makes subject to appropriation the requirement that the Department of Human Services use an independent third-party expert to conduct a cost analysis on developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State. Provides that the cost analysis shall include costs*	Oppose Monitor	HOUSE Concurrence Calendar SA#1

			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 Health's Crisis Care Continuum Program". Makes other technical changes. ***Effective immediately.*** HB 3230 (SCA 0001) **(ADOPTED)** *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.*	No position change/Monitor	
Health	Medicaid Option	HB 3496 Olickal	Provides that on or after the effective date of the amendatory Act, an Insurer shall allow a covered individual to purchase a health plan offered pursuant to the medical assistance program under the Illinois Public Aid Code.	Oppose	HOUSE Appropriations Health & Human Services Committee (Medicaid & Managed Care Subcommittee) ***(COMMITTEE/ 3RD READING***

					DEADLINE EXTENDED 5/19/23)
	Data Privacy Act	HB3603 Williams	*Amends the Protect Health Data Privacy Act. Provides that a regulated entity shall disclose and maintain a health data privacy policy that, in plain language, clearly and conspicuously disclosures specified information. Provides that a regulated entity shall prominently publish its health data privacy policy on its website homepage. Provides that a regulated entity shall not collect, share, sell, or store categories of health data not disclosed in the health data privacy policy without first disclosing the categories of health data and obtaining the consumer's consent prior to the collection, sharing, selling, or storing of such data. Prohibits the collection, sharing, selling, or storing of health data. Describes the regulated entity's duty to obtain consent; the consumer's right to withdraw consent; prohibitions on discrimination; prohibitions on geofencing; a private right of action; enforcement by the Attorney General; and conflicts with other laws. Makes other changes.*	Oppose	HOUSE Rules
Health	PBM Information Disclosure	HB 3631 Huynh (Simmons)	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)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, before a legislative commission or committee, in any other proceeding, or to a government or law enforcement agency, if the pharmacist or pharmacy has reasonable cause to believe that the*	Monitor No position change/Monitor	HOUSE Concurrence Calendar SA#1

			disclosed information is evidence of a violation of a State or federal law, rule, or regulation. Provides that a pharmacist or pharmacy shall make commercially reasonable efforts to limit the disclosure of confidential and proprietary information. Provides that retaliatory actions against a pharmacy or pharmacist include specified actions. Provides that the provisions apply to contracts entered into or renewed on or after January 1, 2024 (instead of July 1, 2023). HB 3631 (HFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, before a legislative commission or committee, in any other proceeding, or to a government or law enforcement agency, if the pharmacist or pharmacy has reasonable cause to believe that the disclosed information is evidence of a violation of a State or federal law, rule, or regulation. Provides that a pharmacist or pharmacy shall make commercially reasonable efforts to limit the disclosure of confidential and proprietary information. Provides that retaliatory actions against a pharmacy or pharmacist include specified actions.* HB 3631 (SCA 0001) **(ADOPTED)** *Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2022 (rather than July 1, 2023).* ***Adds a July 1, 2023 effective date.***	Neutral with Amendment #2 No position change/Neutral	
Health	Epinephrine Cost	HB 3639 Mason (Halpin)	Provides that an insurer that provides coverage for medically necessary epinephrine injectors shall limit the total amount that an insured is required to pay for a twin-pack of medically necessary epinephrine injectors at an amount not to exceed $60, regardless of the type of epinephrine injector. Provides that nothing in the provisions prevents an insurer from reducing an insured's cost sharing by an amount greater than the specified amount. Provides that the Department of Insurance may adopt rules as necessary to implement and administer the provisions. HB 3639 (HCA 0001) **(~~PASSED~~) (TABLED)** ***Adds a January 1, 2025 effective date.***	Oppose Neutral with Amendment #1	HOUSE Passed Both Houses

			HB 3639 (HFA 0002) **(ADOPTED)** ***Adds a January 1, 2025 effective date.***	No position change/Neutral	
Life	Preneed Cemetery Sales	HB 3775 Tarver (Hilton)	Provides that the pre-need contract shall provide, if applicable, that if the purchaser does not pay the costs associated with the opening or closing of an undeveloped interment, inurnment, or entombment space, the seller may repossess the undeveloped interment, inurnment, or entombment space. HB 3775 (HFA 0001) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Cemetery Oversight Act. Provides that any retail installment contract for the purchase of interment, entombment, or inurnment rights shall contain a clearly worded notice in 12-point type, bold, underlined, and capital letters, that that rights to a deeded interest do not vest until final payment and that upon an uncured default, including when a contract is rolled into a new open-balance retail installment contract, with additional interment, entombment, or inurnment rights or additional cemetery merchandise or services, there will be no deeded interest.*	Monitor No position change/Monitor	HOUSE Passed Both Houses
Health	Low Tone Hearing Impairment Mandate	HB 3809 DeLuca (Joyce)	Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment. Provides that the coverage shall include 315 combined therapy sessions per year. HB 3809 (HCA 0001) **(~~PASSED~~) (TABLED)** *Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after January 1, 2025 (rather than the effective date of the amendatory Act) shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low*	Oppose No position change/Oppose	HOUSE Passed Both Houses

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

			SENATE BILLS		
All	Cybersecurity	SB 89 Harris (Hoffman)	Provides that if the entry of an Order of Liquidation occurs on or after January 1, 2023, then the obligations shall not exceed $500,000 or exceed without any deduction $50,000 for any unearned premium claim or refund under any one policy. Provides that in no event shall the Fund be obligated to pay an amount in excess of $500,000 in the aggregate for all first-party and third-party claims under a policy or endorsement providing cybersecurity insurance coverage and arising out of or related to a single insured event, regardless of the number of claims made or number of claimants. Provides that the Illinois Insurance Guaranty Fund shall have the right to appoint or approve and to direct legal counsel and other service providers under any other insurance policies subject to the provisions, regardless of any limitations in the policy. Provides that the Fund may employ or retain such persons as are necessary to provide policy benefits and services. Provides that the Fund may, at its sole discretion and without assumption of any ongoing duty to do so, pay any cybersecurity insurance obligations covered by a policy of an insolvent company on behalf of a high net worth insured.	Monitor	HOUSE Rules
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	Neutral (negotiated in previous General Assembly)	SENATE Passed Both Houses

			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.		
All	Illinois Work Without Fear Act	SB 0504 (SFA 0001) Aquino	*Replaces everything after the enacting clause. Creates the Illinois Work Without Fear Act. Provides that it is unlawful for any person to engage in, or to direct another person to engage in, retaliation against any person or their family member or household member for the purpose of, or with the intent of, retaliating against any person for exercising any right protected under State employment laws or by any local employment ordinance. Sets forth the duties and powers of the Department of Labor under the Act. Allows the Attorney General to initiate or intervene in a civil action to obtain appropriate relief if the Attorney General has reasonable cause to believe that any person has violated the Act and deems it necessary to protect the rights and interests of Illinois workers. Provides that nothing in the Act shall be construed to prevent any person from making complaint or prosecuting his or her own claim for damages caused by retaliation. Allows a person who is the subject of retaliation prohibited by the Act to bring a civil action for: (1) back pay, with interest, and front pay, or, in lieu of actual damages, liquidated damages of $30,000; (2) a civil penalty in an amount of $10,000; (3) reasonable attorney's fees and court costs; and (4) equitable relief as the court may deem appropriate and just. Provides that a person that violates any provision of the Act shall be subject to an additional civil penalty in an amount of $25,000 for each violation, or $50,000 for each repeat violation within a 5-year period. Sets forth license suspension penalties for violations of the Act. Amends the Whistleblower Act. Changes the definitions of "employer" and "employee". Defines "public body", "retaliatory action", and "supervisor". Provides that an employer may not take retaliatory action against an employee who discloses or threatens to disclose information about an activity, policy, or practice of the employer that the employee has reasonable cause to believe violates a State or federal law, rule, or regulation or poses a substantial and specific danger to public health or*	Monitor	SENATE Re-referred to Assignments

			safety. Includes additional relief, damages, and penalties for violation of the Act. Allows the Attorney General to initiate or intervene in a civil action to obtain appropriate relief if the Attorney General has reasonable cause to believe that any person or entity is engaged in a practice prohibited by the Act and deems it necessary to protect the rights and interests of Illinois workers.		
Health	PBM	SB 0757 (SFA 0001) Koehler (Welch)	**Amendment – (WITHDRAWN)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that when conducting a pharmacy audit, an auditing entity shall comply with specified requirements. Provides that an auditing entity conducting a pharmacy audit may have access to a pharmacy's previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. Provides that a violation of the provisions shall be an unfair and deceptive act or practice. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that a contract between a pharmacy or pharmacist and a pharmacy benefit manager must contain specified provisions. Defines terms.* SB 0757 (SFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that*	Oppose Neutral with Amendment #2	HOUSE Prescription Drug Affordability & Accessibility Committee ***(COMMITTEE/ FINAL ACTION DEADLINE EXTENDED 5/19/23***)

			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 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. SB 0757 (HCA 0001) **(PRESCRIPTION DRUG & AFFORDABILITY & ACCESSIBILITY COMMITTEE)** *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".*	No position change/Neutral	
ALL	Insurance Business Transfer Act	SB 0762 (SFA 0001) Cunningham (Jones)	*Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Changes the definition of "insolvent company" to include any company which has assumed or has been allocated a policy obligation through an approved insurance business transfer plan. Provides that the fee for filing an insurance business transfer plan is*	Monitor	SENATE Passed Both Houses

		Swapped for SB 1961	*$25,000. Creates the Insurance Business Transfers Article of the Illinois Insurance Code and provides that the Article may be cited as the Insurance Business Transfers Law. Sets forth provisions concerning notice requirements, application procedure, application to a court for approval of a plan, approval and denial of insurance business transfer plans, and fees and costs. Provides that the Department of Insurance may adopt rules that are consistent with the provisions. Provides that the portion of the application for an insurance business transfer that would otherwise be confidential, including any documents, materials, communications, or other information submitted to the Director of Insurance in contemplation of an application, shall not lose such confidentiality. Provides that insurers consent to the jurisdiction of the Director with regard to ongoing oversight of operations, management, and solvency relating to the transferred business. Provides that the Director may direct the applicant to retain parties to assist Department personnel. Defines terms.* ***Effective immediately, except specified provisions take effect January 1, 2025.***		
ALL	Vision Care	SB 0764 (SFA 0001) *Castro*	*Replaces everything after the enacting clause. Creates the Vision Care Plan Regulation Act. Provides that no vision care organization may issue a contract that requires an eye care provider, as a condition of participation in the vision care plan, to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Provides that an eye care provider who chooses not to accept amounts set by a vision care plan for noncovered services or noncovered materials shall post a specified notice. Requires fees for covered services and materials to be reasonable and clearly listed on a fee schedule provided to the eye care provider. Prohibits a vision care organization from misrepresenting the benefits of a vision care plan as a means of selling coverage or communicating the benefit coverage to enrollees. Provides that the Act applies to any subcontractors used by a vision care organization to supply materials or services to an eye care provider or an enrollee under a vision care plan. Prohibits a vision care organization from restricting an eye care provider's freedom to choose suppliers, materials, or labs or from requiring an eye care provider to purchase*	Neutral	HOUSE Insurance Committee ***SFA#1 ADOPTED*** ***(Committee/ Final Deadline Extended 5/19/23)***

			materials from a source owned by the entity that issued the vision care plan. Provides that fees paid for materials supplied by a non-network lab are not required to be identical to fees paid for materials ordered through a network lab, but non-network lab fees shall be reasonable. Provides that a vision care organization and its officers, directors, agents, and employees are subject to specified laws. Provides that at the request of an enrollee, an eye care provider recommending an out-of-network source or supplier of vision care materials to an enrollee shall provide written notice to the enrollee stating that the source or supplier is an out-of-network laboratory or supplier of vision care materials, and any business interest the eye care provider has in the out-of-network source or supplier recommended to the enrollee. Provides that an eye care provider is required to offer an enrollee in-network sources or suppliers of vision care materials at the enrollee's request. Provides that the terms, fees, discounts, or reimbursement rates in a vision care plan may not be changed during the term of the contract unless mutually agreed to in writing by the eye care provider and the vision care organization. Provides that a change proposed to a vision care plan by the vision care organization shall become effective if the eye care provider fails to respond to the vision care organization within 60 days after receipt of notice of the proposed changes. Provides that the terms of a vision care plan contract that is amended, delivered, issued, or renewed after the effective date of the Act shall comply with the provisions. Provides that a vision care plan may enter into an agreement with a health care plan to deliver routine vision care services that are covered under the enrollee's plan. Provides that a vision care plan may act as a network regarding routine vision care services offered by a health care plan. Makes other changes. Amends the Consumer Fraud and Deceptive Business Practices Act to provide that any person who violates the Vision Care Plan Regulation Act commits an unlawful practice. ***Effective immediately****.*		
Health	Liver Disease Benefit Coverage Mandate	SB 1282 Simmons (Huynh)	Mandates coverage for preventative screening for all over 18 at high risk for liver disease without cost sharing. SB 1282 (SFA 0001) **(ADOPTED)**	Oppose	SENATE Passed Both Houses

			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.	Neutral with Amendment #1	
All	Dental Reimbursement	SB 1289 Fine (Gong-Gershowitz)	Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. ***Effective immediately.*** SB 1289 (SFA 0001) *(***ADOPTED)*** Provides that fees incurred directly by a dental care provider from third parties related to transmitting an automated clearing house network claim, transaction management, data management, or portal services and other fees charged by third parties that are not in the control of the dental plan carrier shall not be prohibited by the provisions.* SB 1289 (HCA 0001) **(RE-REFERRED TO RULES)** *Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Creates the Dental Loss Ratio Act. Sets forth provisions concerning dental loss ratio reporting. Provides that a health insurer or dental plan carrier that*	Oppose Neutral with Amendment #1 Oppose	HOUSE Re-referred to Rules

			issues, sells, renews, or offers a specialized health insurance policy covering dental services shall, beginning January 1, 2024, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act. Provides that the Act does not apply to an insurance policy issued, sold, renewed, or offered for health care services or coverage provided as a function of the State of Illinois Medicaid coverage for children or adults or disability insurance for covered benefits in the single specialized area of dental-only health care that pays benefits on a fixed benefit, cash payment-only basis. Defines terms. Amends the Dental Service Plan Act. Provides that dental service plan corporations and all persons interested therein or dealing therewith shall be subject to the Insurance Holding Company Systems Article of the Illinois Insurance Code. Provides that a dental service plan corporation shall not disburse during any one year (rather than shall not disburse during any one year, except upon the approval of the Director of Insurance) a sum greater than 20% of payments received from subscribers during that year as administrative expenses. ***Effective January 1, 2024*****.**		
Health	Coverage Abortion/ hormone/ HIV	SB 1344 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. ***Effective immediately.*** *This is a trailer bill with corrected language*. SB 1344 (SFA 0001) **(TABLED)** *Amends the Pharmacy Practice Act. Provides that in accordance with a standing order by the Department of Public Health, a pharmacist may provide patients with prophylaxis drugs for human immunodeficiency virus pre-exposure prophylaxis or post-exposure prophylaxis.*	Neutral No position change/Neutral	SENATE Passed Both Houses

			SB 1344 (SFA 0002) **(ADOPTED)** *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 as confidential and exempt from the Freedom of Information Act.* ***Effective immediately***	No position change/Neutral	
All	Stock Division	SB 1494 Harris (Jones, T.)	In provisions concerning plan of division approval, provides that any decision by the Director of Insurance on whether or not to hold a public hearing on either a plan of division or an amended plan of division may be made independently by the Director. Provides that if a dividing company amends its plan of division at any time before the plan of division becomes effective, then the dividing company shall file	Monitor	SENATE Passed Both Houses

			the amended plan of division for approval by the Director. Provides that if a hearing is conducted on the amended plan of division after the Director has approved a previous plan of division, then the hearing shall not be considered a rehearing. Provides that the fee assessed for filing a plan of division shall not apply to the filing of an amended plan of division. In provisions concerning certificates of division, provides that if the dividing company files an amended plan of division with the Director after a certificate of division has been filed for a previous plan, then the dividing company shall file a certificate of stay with the recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. ***Effective immediately***.		
Life	Public Adjusters	SB 1495 Harris (Jones, T)	Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a misdemeanor involving dishonesty or fraud (rather than a felony or misdemeanor involving dishonesty or fraud), shall consider any mitigating factors and evidence of rehabilitation contained in the applicant's record to determine if a license may be denied. Provides that the Director may place on probation, suspend, revoke, deny, or refuse to issue or renew a public adjuster's license or may levy a civil penalty for having been convicted of any felony or a misdemeanor involving dishonesty or fraud (rather than a felony or misdemeanor involving dishonesty or fraud), and failing to comply with specified provisions concerning associated contractors. Provides that an applicant's surety bond or irrevocable letter of credit shall be in the minimum amount of $50,000 (rather than $20,000). Provides that public adjusters shall ensure that all contracts for their services contain an email address and a scope of damages. Sets forth language required to be contained in a written disclosure provided to the insured. Provides that a public adjuster may provide emergency services before a written contract with the insured has been executed. Sets forth provisions concerning associated contractors. Makes other changes. SB 1495 (SCA 0001) **(ADOPTED)**	Monitor No position change/Monitor	SENATE Passed Both Houses

			Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a public adjuster shall provide the insurer or its authorized representative for receiving notice of loss or damage with an exact copy of the contract with the insured by email within 2 business days after execution of the contract (rather than by email after execution of the contract). Provides that a contract shall be voidable for 5 business days after the copy has been received by the insurer (rather than for 5 business days after execution). In provisions concerning standards of conduct of public adjusters, provides that a public adjuster shall not act in the place and instead of the insured. SB 1495 (SFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Reinserts the provisions of the amended bill with the following changes. Further amends the Illinois Insurance Code. Provides that all contracts entered into that are in violation of provisions concerning public adjuster licensure and provisions concerning a contract between a public adjuster and an insured are void and invalid. In provisions concerning public adjuster fees, provides that if the loss giving rise to the claim for which the public adjuster was retained arises from damage to property that is anything but a personal residence, a public adjuster may not charge, agree to, or accept any compensation, payment, commission, fee, or other valuable consideration in excess of 10% of the amount of the insurance settlement claim paid by the insurer on any claim resulting from a catastrophic event, unless approved in writing by the Director of Insurance. Provides that if the loss giving rise to the claim for which the public adjuster was retained arises from damage to a personal residence, a public adjuster may not charge, agree to, or accept any compensation, payment, commissions, fee, or other valuable consideration in excess of 10% of the amount of the insurance settlement claim paid by the insurer on any claim. Provides that a public adjuster shall provide the insurer or its authorized representative for receiving notice of loss or damage with an exact copy of the contract with the insured by email no later than 5 business days after execution of the contract (rather than by email after execution of the*	No position change/Monitor	

			contract). Removes language providing that a public adjuster shall not act in the place and instead of the insured. Removes provisions concerning associated contractors, scope of damages, and written disclosures. Makes other changes		
Health	Mandate Compression Sleeves	SB 1527 Ellman (Manley)	Mandates coverage for compression sleeves. SB1527 (SCA1) **(ADOPTED)** *Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema (rather than only coverage for compression sleeves).* SB 1527 (SFA 0002) **(ADOPTED)** *Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than January 1, 2024) shall provide coverage for compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema.*	Oppose No position change/Oppose Neutral with Amendment #2	SENATE Passed Both Houses
ALL	Vision Care	SB 1540 (SCA 0001) Castro	*Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that no vision care organization may issue a contract that requires an eye care provider, as a condition of participation in the vision care plan (rather than only requires an eye care provider), to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Provides that fees paid for materials supplied by a non-network lab are not required to be identical to fees paid for materials ordered through a network lab, but non-network lab fees shall be reasonable. Provides that a vision care organization and its officers, directors, agents, and employees are subject to specified laws. Provides that at the request of an enrollee, an eye care provider recommending an out-of-network source or supplier of vision care materials to an enrollee shall provide written notice to the enrollee stating that the source or supplier is an out-of-network laboratory or supplier of vision care materials, and any business interest the eye care provider has in the out-of-network source*	Neutral	SENATE Re-referred to Assignments

			or supplier recommended to the enrollee (rather than shall provide written notice thereof). Provides that an eye care provider is required to offer an enrollee in-network sources or suppliers of vision care materials at the enrollee's request. Provides that the terms, fees, discounts, or reimbursement rates in a vision care plan may not be changed during the term of the contract (rather than only may not be changed) unless mutually agreed to in writing by the eye care provider and the vision care organization. Provides that a change proposed to a vision care plan by the vision care organization shall become effective if the eye care provider fails to respond to the vision care organization within 60 days after receipt of notice of the proposed changes. Provides that the terms of a vision care plan contract that is amended, delivered, issued, or renewed after the effective date of the Act shall comply with the provisions. Provides that a vision care plan may enter into an agreement with a health care plan to deliver routine vision care services that are covered under the enrollee's plan. Provides that a vision care plan may act as a network regarding routine vision care services offered by a health care plan. Removes provisions concerning misrepresentation and provisions concerning injunctive relief. Makes other changes. ***Adds an immediate effective date.***		
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)** *Provides that the Department of Insurance shall offer a discount program that allows participants to purchase insulin at a discounted, post-rebate price. Sets forth provisions concerning the discount program.* ***Changes the effective date to January 1, 2025 (rather than effective immediately).*** *Removes provisions concerning an insulin urgent-need program.*	Oppose Neutral with Amendment #1	HOUSE 2nd Reading

Life	Disability Income Parity	SB 1568 Morrison (Morgan)	Provides that every insurer that amends, delivers, issues, or renews a group or individual policy or certificate of disability insurance or disability income insurance shall ensure parity for the payment of mental, emotional, nervous, or substance use disorders or conditions. Changes the definition of "treatment limitation" to include benefit payments under disability insurance or disability income insurance. SB 1568 (SCA 0001) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that the Department of Insurance shall collect specified information regarding disability employment insurance plans and the Department shall present its findings to the General Assembly no later than April 30, 2024.* ***Effective immediately.*** SB 1568 (SFA 0002) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that the Department of Insurance shall collect specified information concerning disability insurance plans and limitations on mental health and substance use disorder benefits. Provides that the Department shall present its findings regarding information collected under the provisions to the General Assembly no later than April 30, 2024. Provides that information regarding a specific insurance provider's contributions to the Department's report is exempt from disclosure under a specified provision of the Freedom of Information Act.*	Oppose Neutral with Amendment #1 No position change/Neutral	SENATE Passed Both Houses
	JCAR Rulemaking	SB 1875 Cunningham Spain	Amends the Illinois Administrative Procedure Act. In provisions concerning general, emergency, and peremptory rulemaking, specifies that State agencies shall accept submissions in writing, including submissions by email, and may, in their discretion, accept oral submissions. Requires each summary in a regulatory agenda to contain, among other things, the email address of the agency representative who is knowledgeable about the rule. Amends the Uniform Electronic Transactions Act. Requires the Department of Innovation and Technology and the Secretary of State to adopt specified administrative rules concerning electronic records no later than 6 months after the effective date of the amendatory Act. ***Effective immediately.***	Monitor	HOUSE 2nd 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. SB 1913 (SFA 0001) **(ADOPTED)** *Replaces everything after the enacting clause. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services and any managed care plans under contract with the Department for the medical assistance program shall provide for coverage of mental health and substance use disorder treatment or services delivered as behavioral telehealth services; and that the Department and any managed care plans under 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.*	Monitor No position change/Monitor	SENATE Passed Both Houses
Health	Prosthetic Device	SB 2195 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. SB 2195 (SCA 0001) **(ADOPTED)** ***Adds a January 1, 2025 effective date.***	Oppose Neutral with Amendment #1	SENATE Passed Both Houses
Health	Infertility coverage	SB 2572 Castro	*Amends the Illinois Insurance Code. In provisions concerning infertility coverage, provides that no group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits may be issued, amended, delivered, or renewed in the State on or after January 1, 2024 unless*	Oppose	SENATE Assignments

			the policy contains coverage for the diagnosis and treatment of infertility, including procedures necessary to screen or diagnose a fertilized egg before implantation. Provides that coverage for 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***		
Health	Cancer Coverage/ Wigs	SB 2573 Harris, N	*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.***	Oppose	SENATE Assignments