

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

ILHIC All Lines Key Bills

5.3.24

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

ILHIC All Lines Key Bills

5.3.24

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

ILHIC All Lines Key Bills

5.3.24

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

ILHIC All Lines Key Bills

5.3.24

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

ILHIC All Lines Key Bills

5.3.24

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

|  |  |  |   |                                 |  |
|--|--|--|---|---------------------------------|--|
|  |  |  | <p>person has reached the age of 65 years if the insured has a valid Illinois driver's license. Defines terms.</p> <p><a href="#">HB 4611 (HFA 0001)</a> <b>(RE-REFERRED TO RULES)</b></p> <p><i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. With regard to certain types of vehicle insurance, provides that rates shall not be excessive, inadequate, or unfairly discriminatory; insurers shall use methods based on sound actuarial principles; and that unfair discrimination is prohibited. Sets forth standards for whether a rate is excessive or inadequate. Provides that unfair discrimination exists if, after allowing for practical limitations, price differentials fail to reflect equitably the differences in expected losses and expenses. Provides that, if unfair discrimination is found, the Department of Insurance may require corrective action and issue a fine of \$5,000 per instance of unfair discrimination. Provides that it is an unfair method of competition and an unfair and deceptive act or practice in the business of insurance to make or charge any rate for insurance against losses arising from the use or ownership of a motor vehicle which requires a higher premium or any person by reason of the person's gender. Provides that an individual's credit score shall not be considered when determining rates or premiums for vehicle insurance. Repeals that provision on January 1, 2028. Creates the Automobile Insurance Affordability and Availability Task Force is created to study and report on the Illinois automobile insurance marketplace and regulatory environment and the impacts of current practices and regulations on the overall availability and affordability of automobile insurance. Sets forth provisions concerning the contents of the report; the membership of the Task Force; developing educational materials; meetings of the Task Force; technical analysis and support; and meetings of the Task Force. Amends the Illinois Vehicle Code. Provides that upon a verified demonstration of financial need by the owner, the Secretary of State may waive the reinstatement fee for a license that has been suspended under certain provisions requiring motor vehicle liability insurance. <b>Effective January 1, 2025, except that certain changes to the Illinois Insurance Code are effective January 1, 2026.</b></i></p> | <p>Oppose with Amendment #1</p> |  |
|--|--|--|---|---------------------------------|--|



|  |  |  |                                 |  |
|--|--|--|---------------------------------|--|
|  |  | <p><i>a policy of automobile insurance, including any class of motor vehicle coverage, from being canceled by the insurer solely because the insured has reached the age of 65 years so long as the insured has a valid Illinois driver's license. Provides that, if the insured has a valid Illinois driver's license, an insurer shall not refuse to issue a renewal policy or increase the premium for any policy solely because an insured has reached the age of 65 years. Provides that the provisions may not be construed to require an insurer to collect from an applicant or policyholder the age, race, color, national or ethnic origin, immigration or citizenship status, sex, sexual orientation, disability, gender identity, or gender expression of an individual; or to prohibit the use of a driving record that has a direct relationship to risk.</i></p> <p><b><u>HB 4611 (HFA 0004)(RE-REFERRED TO RULES)</u></b></p> <p><i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. With regard to certain types of vehicle insurance, provides that rates shall not be excessive, inadequate, or unfairly discriminatory; insurers shall use methods based on sound actuarial principles; and that unfair discrimination is prohibited. Sets forth standards for whether a rate is excessive or inadequate. Provides that unfair discrimination exists if, after allowing for practical limitations, price differentials fail to reflect equitably the differences in expected losses and expenses. Provides that, if unfair discrimination is found, the Department of Insurance may require corrective action and issue a fine of \$5,000 per instance of unfair discrimination. Provides that it is an unfair method of competition and an unfair and deceptive act or practice in the business of insurance to make or charge any rate for insurance against losses arising from the use or ownership of a motor vehicle which requires a higher premium or any person by reason of the person's gender. Provides that an individual's credit score shall not be considered when determining rates or premiums for vehicle insurance. Provides that a policy of automobile insurance, including any class of motor vehicle coverage, may not be canceled by the insurer solely because the insured has reached the age of 65 years so long as the insured has a valid Illinois driver's license. Specifies that an insurer shall not refuse to issue a renewal policy or increase the premium for any policy solely because an insured has reached the age of 65 years.</i></p> | <p>Oppose with Amendment #4</p> |  |
|--|--|--|---------------------------------|--|

|  |  |   |                                 |  |
|--|--|---|---------------------------------|--|
|  |  | <p><i>Repeals these provisions on January 1, 2028. Creates the Automobile Insurance Affordability and Availability Task Force to study and report on the Illinois automobile insurance marketplace and regulatory environment and the impacts of current practices and regulations on the overall availability and affordability of automobile insurance. Sets forth provisions concerning the contents of the report; the membership of the Task Force; developing educational materials; meetings of the Task Force; technical analysis and support; and meetings of the Task Force. Amends the Illinois Vehicle Code. Provides that upon a verified demonstration of financial need by the owner, the Secretary of State may waive the reinstatement fee for a license that has been suspended under certain provisions requiring motor vehicle liability insurance.</i></p> <p><b>Effective January 1, 2025, except that certain changes to the Illinois Insurance Code are effective January 1, 2026.</b></p> <p><b><a href="#">HB 4611 (HFA 0005)</a> (RE-REFERRED TO RULES)</b></p> <p><i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. With regard to certain types of vehicle insurance, provides that rates shall not be excessive, inadequate, or unfairly discriminatory; insurers shall use methods based on sound actuarial principles; and that unfair discrimination is prohibited. Sets forth standards for whether a rate is excessive or inadequate. Provides that unfair discrimination exists if, after allowing for practical limitations, price differentials fail to reflect equitably the differences in expected losses and expenses. Provides that, if unfair discrimination is found, the Department of Insurance may require corrective action and issue a fine of \$5,000 per instance of unfair discrimination. Provides that it is an unfair method of competition and an unfair and deceptive act or practice in the business of insurance to make or charge any rate for insurance against losses arising from the use or ownership of a motor vehicle which requires a higher premium or any person by reason of the person's gender. Provides that, when determining rates or premiums for insurance on risks in this State, insurance issuers may not consider or otherwise use an individual's credit-based insurance score, or otherwise use an individual's credit score. Provides that a policy of automobile insurance, including any class of motor vehicle coverage, may not be canceled by the insurer solely because the insured has</i></p> | <p>Oppose with Amendment #5</p> |  |
|--|--|---|---------------------------------|--|





|     |                     |                                     |  |        |                               |
|-----|---------------------|-------------------------------------|--|--------|-------------------------------|
|     |                     |                                     | <p><i>of any amount a consumer may pay, including the ability to refund the fees and the identity of any merchandise for which fees are charged; (4) fail to disclose clearly and conspicuously before the consumer consents to pay, the nature and purpose of any amount a consumer may pay that is excluded from the total price, including the ability to refund the fees and the identity of any merchandise for which fees are charged; or (5) offer, display, or advertise, including through direct offerings, third-party distribution, or metasearch referrals, a total price for a place of short-term lodging that does not include all required fees. Requires total price disclosures for retail mercantile establishments and food service establishments; and the disclosure of delivery fees. Provides for limitations of the Act. Provides that the Attorney General may enforce violations of the Act as an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Preempts home rule.</i></p>   |        |                               |
| All | Motor Vehicle Rates | <a href="#">HB 4767</a><br>Guzzardi | <p>Amends the Illinois Insurance Code. Provides that the amendatory Act may be referred to as the Motor Vehicle Insurance Fairness Act. Provides that no insurer shall refuse to issue or renew a policy of automobile insurance based in whole or in part on specified prohibited underwriting or rating factors. Sets forth factors that are prohibited with respect to underwriting and rating a policy of automobile insurance. Sets forth provisions concerning the use of territorial factors. Provides that every insurer selling a policy of automobile insurance in the State shall demonstrate that its marketing, underwriting, rating, claims handling, fraud investigations, and any algorithm or model used for those business practices do not disparately impact any group of customers based on race, color, national or ethnic origin, religion, sex, sexual orientation, disability, gender identity, or gender expression. Provides that no rate shall be approved or remain in effect that is excessive, inadequate, unfairly discriminatory, or otherwise in violation of the provisions. Provides that every insurer that desires to change any rate shall file a complete rate application with the Director of Insurance. Provides that all information provided to the Director under the provisions shall be available for public inspection. Provides that any person may initiate or intervene in any proceeding permitted or established under the provisions and challenge any action of the Director under the</p> | Oppose | HOUSE<br>Re-referred to Rules |

ILHIC All Lines Key Bills

5.3.24

|     |                          |                                   |  |        |                               |
|-----|--------------------------|-----------------------------------|--|--------|-------------------------------|
|     |                          |                                   | provisions. Provides that the Department of Insurance shall adopt rules. Provides that all insurers subject to the provisions shall be assessed a fee of 0.05% of their total earned premium from the prior calendar year, and that the fee shall be payable to the Department no later than July 1 of each calendar year and shall be used by the Department to implement the provisions.   |        |                               |
| All | Secondary Sources        | <a href="#">HB 4842</a><br>DeLuca | Amends the Illinois Insurance Code. Provides that a secondary source on insurance, including a legal treatise, scholarly publication, textbook, or other explanatory text, does not constitute the law or public policy of the State, and the secondary source on insurance is not persuasive authority if it purports to create, eliminate, expand, or restrict a cause of action, right, or remedy, or if it conflicts with the United States Constitution or the Illinois Constitution, State law, this State's case law precedent, or other common law that may have been adopted by this State. <b><i>Effective immediately.</i></b>  | TBD    | HOUSE<br>Referred to<br>Rules |
| All | Automated Decision Tools | <a href="#">HB 5116</a><br>Didech | Creates the Automated Decision Tools Act. Provides that, on or before January 1, 2026, and annually thereafter, a deployer of an automated decision tool shall perform an impact assessment for any automated decision tool the deployer uses or designs, codes, or produces that includes specified information. Provides that a deployer shall, at or before the time an automated decision tool is used to make a consequential decision, notify any natural person who is the subject of the consequential decision that an automated decision tool is being used to make, or be a controlling factor in making, the consequential decision and provide specified information. Provides that a deployer shall establish, document, implement, and maintain a governance program that contains reasonable administrative and technical safeguards to map, measure, manage, and govern the reasonably foreseeable risks of algorithmic discrimination associated with the use or intended use of an automated decision tool. Provides that, within 60 days after completing an impact assessment required by the Act, a deployer shall provide the impact assessment to the Department of Human Rights. Provides that the Attorney General may bring a civil action against a deployer for a violation of the Act. | TBD    | HOUSE<br>Referred to<br>Rules |
| All | Consumer Fraud           | <a href="#">HB 5321</a><br>Rashid | Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that each generative artificial intelligence system and artificial  | Oppose | HOUSE                         |

ILHIC All Lines Key Bills

5.3.24

|     |                                |                                    |  |         |                               |
|-----|--------------------------------|------------------------------------|--|---------|-------------------------------|
|     | AI Labeling                    |                                    | intelligence system that, using any means or facility of interstate or foreign commerce, produces image, video, audio, or multimedia AI-generated content shall include on the AI-generated content a clear and conspicuous disclosure that satisfies specified criteria. Provides that any entity that develops a generative artificial intelligence system and third-party licensee of a generative artificial intelligence system shall implement reasonable procedures to prevent downstream use of the system without the required disclosures. Provides that a violation of the provisions constitutes an unlawful practice within the meaning of the Act.   |         | Re-Referred to Rules          |
| All | Algorithmic Impact Assessments | <a href="#">HB 5322</a><br>Rashid  | Creates the Illinois Commercial Algorithmic Impact Assessments Act. Defines "algorithmic discrimination", "artificial intelligence", "consequential decision", "deployer", "developer" and other terms. Requires that by January 1, 2026 and annually thereafter, a deployer of an automated decision tool must complete and document an assessment that summarizes the nature and extent of that tool, how it is used, and assessment of its risks among other things. Requires on or after January 1, 2026 and annually thereafter, developers of an automated decision tool must complete and document a similar assessment. Provides that upon the request of the Attorney General, a developer or deployer must provide that Office any impact assessment performed that is exempt from the Freedom of Information Act. Requires that a developer must provide a deployer with a statement regarding the intended uses of the automated decision tool and documentation regarding all of the following: (i) the known limitations of the automated decision tool, including any reasonably foreseeable risks of algorithmic discrimination arising from its intended use; (ii) a description of the types of data used to program or train the automated decision tool; and (iii) a description of how the automated decision tool was evaluated for validity and the ability to be explained before sale or licensing. Exempts a deployer with fewer than 50 employees unless, as of the end of the prior calendar year, the deployer deployed an automated decision tool that affected more than 999 people per year. | Oppose  | HOUSE<br>Re-Referred to Rules |
| All | Employment Prohibit            | <a href="#">HB 5385</a><br>Moeller | Amends the Illinois Freedom to Work Act. Provides that no employer shall enter into a covenant not to compete or a covenant not to solicit   | Monitor | HOUSE                         |

|     |                           |                                       |   |        |                               |
|-----|---------------------------|---------------------------------------|---|--------|-------------------------------|
|     | Covenants                 |                                       | with any employee (rather than no employer shall enter into a covenant not to compete or a covenant not to solicit with any employee unless the employee's actual or expected annualized rate of earnings exceeds \$75,000 per year). Provides that an employer or former employer shall not attempt to enforce a contract that is void and unenforceable under the Act regardless of whether the contract was signed and the employment was maintained outside of the State. Provides that, on or before April 1, 2025, an employer who entered into a covenant not to compete or a covenant not to solicit with an employee, or a former employees who was employed after January 1, 2023, shall notify the employee or the former employee that the covenant not to compete or the covenant not to solicit is void and unenforceable. Repeals provisions concerning the legitimate business interest of the employer; ensuring employees are informed about their obligations; and reformation of covenants not to compete and covenants not to solicit. Makes changes to definitions. Makes conforming changes. |        | Referred to Rules             |
| All | Consumer Fraud Agreements | <a href="#">HB 5476</a><br>Evans, Jr. | Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that any term or condition in any agreement that unnecessarily burdens a person's rights under the Act shall be null and void  | Oppose | HOUSE<br>Re-Referred to Rules |
| All | IL Privacy Rights Act     | <a href="#">HB 5581</a><br>Huynh      | Creates the Illinois Privacy Rights Act. Defines terms such as "biometric data", "consumer", "controller", "deidentified data", and "processor". Creates a consumer protection of privacy in which, with some exceptions, provides an individual with the right to: (i) confirm whether or not a controller is processing the consumer's personal data and access such personal data; (ii) correct inaccuracies in the consumer's personal data; (iii) delete personal data provided by or obtained about the consumer; (iv) obtain a copy of the consumer's personal data processed by the controller in a portable and, to the extent technically feasible, readily usable format; and, (v) opt out of the processing of the personal data for purposes of targeted advertising, the sale of personal data, or profiling in furtherance of solely automated decisions that produce legal or similarly significant effects concerning the consumer. Defines a consumer as a resident of this State excluding an individual acting in commercial or employment context. Provides that this Act                      | Oppose | HOUSE<br>Referred to Rules    |

ILHIC All Lines Key Bills

5.3.24

|     |                               |                                  |  |     |                            |
|-----|-------------------------------|----------------------------------|--|-----|----------------------------|
|     |                               |                                  | <p>applies to persons that conduct business in this State or persons that produce products or services that are targeted to residents of this State that during a 1-year period: (i) controlled or processed the personal data of not less than 35,000 unique consumers, excluding personal data controlled or processed solely for the purpose of completing a payment transaction; or (ii) controlled or processed the personal data of not less than 10,000 unique consumers and derived more than 25% of their gross revenue from the sale of personal data. Provides that the Attorney General has the exclusive authority under this Act to enforce violations of it. Makes a violation of this Act an unfair method of competition or any unfair or deceptive act or practice under the Consumer Fraud and Deceptive Business Practices Act. Prohibits a private cause of action under this Act. <b><i>Effective January 1, 2025.</i></b></p> |     |                            |
| All | Consumer Fraud-Developer Fees | <a href="#">HB 5588</a><br>Huynh | <p>Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that it is an unlawful practice for any person who hosts an online distribution platform for third-party software programs or applications to charge a fee or commission on a purchase made by a customer through a software program or application that was distributed through that platform. <b><i>Effective immediately.</i></b></p>   | TBD | HOUSE<br>Referred to Rules |

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

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

|     |                      |   |   |  |                            |
|-----|----------------------|---|---|--|----------------------------|
|     |                      |   | dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.  |  |                            |
| All | Dental Reimbursement | <a href="#">SB 1289</a><br>Fine (Gong-Gershowitz) | <p>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. <b>Effective immediately.</b></p> <p><a href="#">SB 1289 (SFA 0001)</a> (ADOPTED)<br/><i>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.</i></p> <p><a href="#">SB 1289 (HCA 0001)</a> (TABLED)<br/><i>Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Creates the Dental Loss Ratio Act. Sets forth provisions concerning dental loss ratio reporting. Provides that a health insurer or dental plan carrier that issues, sells, renews, or offers a specialized health insurance policy covering dental services shall, beginning January 1, 2024, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act. Provides that the Act does not apply to an insurance policy issued, sold, renewed, or offered for health care services or coverage provided as a 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</i></p> | <p>Oppose</p> <p>Neutral with Amendment #1</p> <p>Oppose with Amendment #1</p> | HOUSE Re-referred to Rules |

ILHIC All Lines Key Bills

5.3.24

|     |                |  |   |   |                                   |
|-----|----------------|--|---|---|-----------------------------------|
|     |                |  | <p><i>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. <b>Effective January 1, 2024.</b></i></p> <p><a href="#">SB 1289 (HCA 0002)</a> <b>(ADOPTED)</b></p> <p><i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Makes a technical change in a Section concerning the short title.</i></p>  | Neutral with Amendment #2               |                                   |
| All | Market Conduct | <p><a href="#">SB 1479</a><br/>Gillespie</p> | <p>Department's Market Conduct Language</p> <p><a href="#">SB 1479 (SCA 0001)</a><b>(ADOPTED)</b></p> <p><i>Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Further amends the Illinois Insurance Code. Provides that at a pre-examination conference, the Director of Insurance or authorized market conduct surveillance personnel shall disclose the basis of the examination. Provides that the Director may give a company or person an opportunity to resolve matters that are identified as a result of a market analysis to the Director's satisfaction before undertaking a market conduct action against the company or person. Provides that a failure to produce requested books, records, or documents by a deadline shall not be a violation until the later of specified deadlines. Provides that whenever the Department of Insurance has made substantive changes to a previously shared draft report, unless those changes remove part or all of an alleged violation or were proposed by the examinee, the Department shall deliver the revised version to the examinee as a new draft and shall allow the examinee 30 days to respond before the Department issues a final report. Provides that no corrective action shall be ordered with respect to violations in transactions with consumers or other entities that are isolated occurrences or that occur with such low frequency as to fall below a reasonable margin of error. Provides that the Director may make the results of a data call available for public inspection under certain circumstances. Provides that any failure to respond to an information request in a market conduct action or violation of specified provisions may carry a fine of up to \$1,000 per</i></p> | Oppose<br>No position with Amendment #1 | SENATE<br>3 <sup>rd</sup> Reading |

|     |             |   |   |                           |                                      |
|-----|-------------|---|---|---------------------------|--------------------------------------|
|     |             |   | <p>day up to a maximum of \$50,000. Authorizes the Director to order a penalty of up \$2,000 (rather than \$3,000) for each violation of any law, rule, or prior lawful order of the Director. Removes language providing that if an examination report finds a violation by the examinee that the report is unable to quantify such as an operational policy or procedure that conflicts with applicable law, then the Director may order a penalty of up to \$10,000 for that violation. Provides that fines and penalties shall be consistent, reasonable, and justifiable, and the Director may consider reasonable criteria including, but not limited to, the examinee's size, consumer harm, the intentionality of any violations, or remedial actions already undertaken by the examinee. Provides that the Director shall communicate to the examinee the basis for any assessed fine or penalty. In a provision requiring examinees to pay for the expenses of a market conduct examination, provides that the costs and fees incurred in a market conduct examination shall be itemized and bills shall be provided to the examinee on a monthly basis for review prior to submission for payment. Makes other changes. <b>Effective January 1, 2025 (rather than effective immediately).</b><br/> <a href="#">SB 1479 (SCA 0002)</a> (ADOPTED)<br/>                 Removes the examinee's size from the criteria for ordering certain fines and penalties.</p> | Neutral with Amendment #2 |                                      |
| ALL | Vision Care | <p><a href="#">SB 1540 (SCA 0001)</a><br/>                 Castro</p> | <p><b>(AMENDMENT – REFERRED TO ASSIGNMENTS)</b><br/>                 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</p>  | Neutral                   | SENATE<br>Re-Referred to Assignments |

|     |                                 |  |   |         |                                      |
|-----|---------------------------------|--|---|---------|--------------------------------------|
|     |                                 |  | <p><i>written notice to the enrollee stating that the source or supplier is an out-of-network laboratory or supplier of vision care materials, and any business interest the eye care provider has in the out-of-network source or supplier recommended to the enrollee (rather than shall provide written notice thereof). Provides that an eye care provider is required to offer an enrollee in-network sources or suppliers of vision care materials at the enrollee's request. Provides that the terms, fees, discounts, or reimbursement rates in a vision care plan may not be 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 <b>immediate effective date</b></i></p> |         |                                      |
| All | Insurance Business Transfer Act | <p><a href="#">SB 1961</a><br/>Cunningham<br/><br/>(SWAPPED TO SB 762)</p> | <p>Provides that notwithstanding any other provision of law, a court may issue any order, process, or judgment that is necessary or appropriate to carry out the provisions of this Act. 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,</p>   | Monitor | SENATE<br>Re-referred to Assignments |

ILHIC All Lines Key Bills

5.3.24

|     |                                     |                                       |   |  |                                      |
|-----|-------------------------------------|---------------------------------------|---|--|--------------------------------------|
|     |                                     |                                       | and solvency relating to the transferred business. Provides that at the time of filing its application for review and approval of an insurance business transfer plan, an applicant shall pay a nonrefundable fee of \$10,000 to the Department.  |  |                                      |
| All | Paid Family Leave Insurance Program | <a href="#">SB 2217</a><br>Castro     | Requires the Department of Employment Security to establish and administer a Family Leave Insurance Program that provides family leave insurance benefits to eligible employees. Sets forth eligibility requirements for benefits under the Act. Provides that a self-employed individual may elect to be covered under the Act. Contains provisions concerning disqualification from benefits; compensation for family leave; the amount and duration of benefits; employer equivalent plans; an annual report by the Department; hearings; penalties; notice; the coordination of family leave; and rules. Amends the State Finance Act. Creates the State Benefits Fund. <b>Effective immediately, except that provisions concerning the State Benefits Fund take effect June 1, 2024 and provisions concerning the amount and duration of paid family leave take effect June 1, 2025.</b> | Monitor                                | SENATE<br>Re-referred to Assignments |
| All | Commercial Data Collector Tax       | <a href="#">SB 2307</a><br>Villaneuva | Creates the Commercial Data Collector Tax Act. Provides that there shall be a monthly excise tax on the collection of the consumer data of individual State consumers by commercial data collectors, which shall be paid to the Department of Revenue and deposited into the General Revenue Fund. Sets forth details regarding the tax to be paid, who qualifies as a consumer for purposes of the tax and alternative methods for collecting the tax. Contains provisions concerning required disclosures and rulemaking by the Department. <b>Effective immediately.</b><br><a href="#">SB 2307 (SCA 0001)</a> (RE-REFERRED TO ASSIGNMENTS)<br><i>Replaces the number of consumers where a tax is imposed at \$.05 per consumer per month from "0 to 999,999" to "1,000,000 to 1,999,999". Corrects a typographical error.</i>   | Oppose<br><br>Oppose with Amendment #1 | SENATE<br>Re-Referred to Assignments |
| All | Supplier Diversity Report           | <a href="#">SB 2381</a><br>Harris III | Requires every insurance company authorized to do business in this State or accredited by this State with assets of at least \$50,000,000 to submit an annual report on its voluntary supplier diversity program to the Department of Insurance. Sets forth provisions on what the report must include and how and when the report must be submitted. Provides that, for each report, the Department shall publish the results  | Neutral                                | SENATE<br>Re-referred to Assignments |

ILHIC All Lines Key Bills

5.3.24

|     |                                |   |   |                         |   |
|-----|--------------------------------|---|---|-------------------------|---|
|     |                                |   | on its Internet website for 5 years after submission. Requires the Department to hold an annual insurance company supplier diversity workshop in February of 2024 and every February thereafter to discuss the reports with representatives of the insurance companies and vendors. Provides that the Department shall prepare a template for voluntary supplier diversity reports. <b>Effective immediately.</b>   |                         |   |
| All | General Revisory               | <a href="#">SB 2437</a><br>Cunningham     | Creates the First 2023 General Revisory Act. Combines multiple versions of Sections amended by more than one Public Act. Renumbers Sections of various Acts to eliminate duplication. Corrects obsolete cross-references and technical errors. Makes stylistic changes. <b>Effective immediately.</b>   | Monitor                 | SENATE<br>Re-referred to<br>Assignments |
| All | Paid Leave for All Workers Act | <a href="#">SB 2642</a><br>Glowiak-Hilton | Amends the Paid Leave for All Workers Act. Changes the effective date of the Act from January 1, 2024 to July 1, 2024. <b>Effective immediately.</b>  | Monitor                 | SENATE<br>Referred to<br>Assignments    |
| All | Motor Vehicle Rates            | <a href="#">SB 3213</a><br>Cervantes      | Amends the Illinois Insurance Code. Provides that the amendatory Act may be referred to as the Motor Vehicle Insurance Fairness Act. Provides that no insurer shall refuse to issue or renew a policy of automobile insurance based in whole or in part on specified prohibited underwriting or rating factors. Sets forth factors that are prohibited with respect to underwriting and rating a policy of automobile insurance. Sets forth provisions concerning the use of territorial factors. Provides that every insurer selling a policy of automobile insurance in the State shall demonstrate that its marketing, underwriting, rating, claims handling, fraud investigations, and any algorithm or model used for those business practices do not disparately impact any group of customers based on race, color, national or ethnic origin, religion, sex, sexual orientation, disability, gender identity, or gender expression. Provides that no rate shall be approved or remain in effect that is excessive, inadequate, unfairly discriminatory, or otherwise in violation of the provisions. Provides that every insurer that desires to change any rate shall file a complete rate application with the Director of Insurance. Provides that all information provided to the Director under the provisions shall be available for public inspection. Provides that any person may initiate or intervene in any proceeding permitted or established under the provisions and challenge any action of the Director under the | Oppose<br>In Solidarity | SENATE<br>Referred to<br>Assignments    |

|     |                               |                                   |  |                          |   |
|-----|-------------------------------|-----------------------------------|--|--------------------------|---|
|     |                               |                                   | provisions. Provides that the Department of Insurance shall adopt rules. Provides that all insurers subject to the provisions shall be assessed a fee of 0.05% of their total earned premium from the prior calendar year, and that the fee shall be payable to the Department no later than July 1 of each calendar year and shall be used by the Department to implement the provisions.   |                          |   |
| All | Consumer Fraud Mandatory Fees | <a href="#">SB 3331</a><br>Aquino | <p>Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that it is an unfair or deceptive act or practice within the meaning of the Act for a person to: (1) advertise, display, or offer a price for goods or services that does not include all mandatory fees or charges other than taxes imposed by a government entity; or (2) engage in any fraudulent or deceptive conduct that creates a likelihood of confusion or of misunderstanding concerning the complete price of goods or services offered, displayed, or advertised. Provides that a person does not violate the provision if the total price of the goods or services being offered, displayed, or advertised, including any mandatory fees a consumer would incur during the transaction, is clearly and conspicuously disclosed in each advertisement or display and whenever a price is first shown to a consumer. <b>Effective immediately.</b></p> <p><a href="#">SB 3331 (SCA 0001)</a> (ADOPTED)</p> <p><i>Replaces everything after the enacting clause. Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that it is an unlawful practice under the Act for a person to: (1) offer, display, or advertise an amount a consumer may pay for merchandise without clearly and conspicuously disclosing the total price; (2) fail, in any offer, display, or advertisement that contains an amount a consumer may pay, to display the total price more prominently than any other pricing information; (3) misrepresent the nature and purpose of any amount a consumer may pay, including the ability to refund the fees and the identity of any merchandise for which fees are charged; or (4) fail to disclose clearly and conspicuously before the consumer consents to pay, the nature and purpose of any amount a consumer may pay that is excluded from the total price, including the ability to refund the fees and the identity of any merchandise for which fees are charged.</i></p> | TBD – Need Feedback      | SENATE<br>3 <sup>rd</sup> Reading<br><b>(Deadline Extended to 5/3/24)</b> |
|     |                               |                                   |  | Oppose with Amendment #1 |   |



ILHIC All Lines Key Bills

5.3.24

|     |                               |                                      |   |        |                                      |
|-----|-------------------------------|--------------------------------------|---|--------|--------------------------------------|
|     |                               |                                      | <i>fees and the identity of any merchandise for which fees are charged; or (5) offer, display, or advertise, including through direct offerings, third-party distribution, or metasearch referrals, a total price for a place of short-term lodging that does not include all required fees. Requires total price disclosures for retail mercantile establishments and food service establishments; and the disclosure of delivery fees. Provides for limitations of the Act. Provides that the Attorney General may enforce violations of the Act as an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Preempts home rule</i>  |        |                                      |
| All | Consumer Fraud/Fee Disclosure | <a href="#">SB 3485</a><br>Stadelman | Amends the Consumer Fraud and Deceptive Business Practices Act. Provides that a covered entity shall clearly and conspicuously display, in every advertisement and when a price is first shown to a consumer, the total price of the goods or services provided by the covered entity, including any mandatory fees a consumer would incur during the monetary transaction. Provides that a covered entity shall clearly and conspicuously disclose any guarantee or refund policy prior to the completion of any monetary transaction with a consumer. Provides that if a refund is given to a consumer, provide a refund in the amount of the total cost of the goods or services, including any mandatory fees. Provides that a violation of the provision is an unlawful practice within the meaning of the Act.  | Oppose | SENATE<br>Referred to<br>Assignments |
| All | Privacy Rights Act            | <a href="#">SB 3517</a><br>Rezin     | Creates the Privacy Rights Act. Sets forth duties and obligations of businesses that collected consumers' personal information and sensitive personal information to keep such information private. Sets forth consumer rights in relation to the collected personal information and sensitive personal information, including the right to: delete personal information; correct inaccurate personal information; know what personal information is sold or shared and to whom; opt out of the sale or sharing of personal information; limit use and disclosure of sensitive personal information; and no retaliation for exercising any rights. Sets forth enforcement provisions. Creates the Consumer Privacy Fund. Allows the Attorney General to create rules to implement the Act. Establishes the Privacy Protection Agency. Includes provisions regarding remedies and fines for violations of the Act. Makes a conforming change in the State Finance Act. | Oppose | SENATE<br>Referred to<br>Assignments |