			All Lines - 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
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	Oppose	HOUSE Passed Both Houses

	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		
	whether or not the dentist accepts the terms of the assignment or		
	lease.		
	HB 2072 (HCA 0001) (TABLED)	No position	
	Further amends the Illinois Insurance Code. Provides that no insurer,	change/Oppose	
	dental service plan corporation, professional service corporation,	change/oppose	
	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)	No position	
	Replaces everything after the enacting clause. Amends the Illinois	change/Oppose	
	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		
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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			shall provide for notice that informs each provider in writing via		
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			certified mail 60 days before any scheduled assignment or lease of 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			network to which the provider is a contracted provider (rather than		
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			shall provide notice of that assignment or lease within 30 days after the		
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			assignment or lease to the contracting dentist). Provides that no		
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			insurer, dental service plan corporation, professional service		
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			corporation, insurance network leasing company, or any company that		
amendatory Act shall require a dental care provider to incur a fee to			amends, delivers, issues, or renews an individual or group policy of		
			accident and health insurance on or after the effective date of the		
access and obtain payment or reimbursement for services provided.			amendatory Act shall require a dental care provider to incur a fee to		
			access and obtain payment or reimbursement for services provided.		

Data Security LawMorgan (Harris, N)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)No position change/Oppose		LJJION - 2023				
Data Security LawMorgan (Harris, N)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)No position change/Oppose				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 that are not in the control of the dental plan carrier shall not be		
	All	Data Security	Morgan	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. <u>HB 2130 (HFA 0001)</u> (ADOPTED)	No position	HOUSE Passed Both Houses

			ALL LINES - SENATE BILLS		
All	Illinois Work	<u>SB 0504</u>	(AMENDMENT – (RE-REFERRED TO ASSIGNMENTS)	Monitor	SENATE
	Without Fear	<u>(SFA 0001)</u>	Replaces everything after the enacting clause. Creates the Illinois Work		Re-Referred to
	Act	Aquino	Without Fear Act. Provides that it is unlawful for any person to engage		Assignments
			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		
			safety. Includes additional relief, damages, and penalties for violation		
			of the Act. Allows the Attorney General to initiate or intervene in a civil		

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			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.		
All	Insurance	<u>SB 0762</u>	(AMENDMENT ADOPTED)	Monitor	SENATE
	Business	<u>(SFA 0001)</u>	Replaces everything after the enacting clause. Amends the Illinois		Passed Both
	Transfer Act	Cunningham	Insurance Code. Changes the definition of "insolvent company" to		Houses
		(Jones)	include any company which has assumed or has been allocated a policy		
			obligation through an approved insurance business transfer plan.		
		Swapped for	<i>Provides that the fee for filing an insurance business transfer plan is</i>		
		SB 1961	<i>\$25,000. Creates the Insurance Business Transfers Article of the Illinois</i>		
			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	<u>SB 0764</u>	(AMENDMENT - ADOPTED)	Neutral	SENATE
	Plan	<u>(SFA 0001)</u>	Replaces everything after the enacting clause. Creates the Vision Care		Passed Both
	Regulation Act	Castro	Plan Regulation Act. Provides that no vision care organization may		Houses
		(Moeller)	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		

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	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	
	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.		
All	Dental	<u>SB 1289</u>	Provides that no insurer, dental service plan corporation, professional	Oppose	HOUSE
	Reimbursement	Fine	service corporation, insurance network leasing company, or any		Re-referred to
		(Gong-	company that amends, delivers, issues, or renews an individual or		Rules
		Gershowitz)	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.		
			<u>SB 1289 (SFA 0001)</u> (ADOPTED)		
			Provides that fees incurred directly by a dental care provider from third	Neutral with	
			parties related to transmitting an automated clearing house network	Amendment #1	
			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) (TABLED)		
			Replaces everything after the enacting clause. Reinserts the provisions	Oppose	
			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		

All	Stock Division	SB 1494	payment-only basis. Defines terms. Amends the Dental Service PlanAct. Provides that dental service plan corporations and all personsinterested therein or dealing therewith shall be subject to the InsuranceHolding Company Systems Article of the Illinois Insurance Code.Provides that a dental service plan corporation shall not disburseduring any one year (rather than shall not disburse during any oneyear, except upon the approval of the Director of Insurance) a sumgreater than 20% of payments received from subscribers during thatyear as administrative expenses. Effective January 1, 2024.SB 1289 (HCA 0002)Replaces everything after the enacting clause. Amends the IllinoisInsurance Code. Makes a technical change in a Section concerning theshort title.In provisions concerning plan of division approval, provides that any	<u>Monitor</u> Monitor	SENATE
		Harris (Jones,T)	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 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.		Passed Both Houses
ALL	Vision Care	<u>SB 1540</u> (<u>SCA 0001)</u> Castro	(AMENDMENT – ASSIGNMENTS) 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	Neutral	SENATE Re-Referred to Assignments

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	
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	