			HOUSE BILLS		
Product Line	Bill	Bill	Bill Description/Action	ILHIC Position	Status
Life/Health/All	"Nickname"	Number/Link			
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
	Punitive Damages	HB 0219 (HFA 0001) Hoffman (Harmon)	(AMENDMENT ADOPTED) Replaces everything after the enacting clause. Amends the Wrongful Death Act. Provides that an action under the Act may be filed to recover punitive damages. Provides that punitive damages are not available in actions against the State or an employee of the State in his or her official capacity. Makes conforming changes. Amends the Probate Act of 1975. Provides that actions for punitive damages for an injury to the person survive. Provides that punitive damages are not available in actions against the State or an employee of the State in his or her official capacity. Effective immediately. <u>HB 0219 (HFA 0002)</u> (TABLED) Provides that punitive damages are not available in an action for healing art malpractice or legal malpractice.	Oppose	HOUSE Passed Both Houses

			<u>HB 0219 (HFA 0003)</u> (ADOPTED)		
			Provides that punitive damages are not available in an action against a		
			unit of local government or an employee of a unit of local government		
			in his or her official capacity. Provides that punitive damages are not		
			available in an action for healing art malpractice or legal malpractice.		
V F	Health Care Workforce Reinforcement Act	HB 0559 (HFA 0002) Morgan (Glowiak- Hilton) PA-103-0001 EFFECTIVE 4/27/23	available in an action for healing art malpractice or legal malpractice. (AMENDMENT TABLED) Replaces everything after the enacting clause. Provides that the amendatory Act may be referred to as the Health Care Workforce Reinforcement Act. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that any person who was issued a temporary out-of-state permit or temporary reinstatement permit by the Department of Financial and Professional Regulation in response to the COVID-19 pandemic may continue to practice under his or her temporary out-of-state permit if he or she submits an application for licensure by endorsement to the Department on or before May 11, 2023. Provides for license application requirements for holders of temporary out-of-state permits or temporary reinstatement permits in specified professions. Amends the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the MC/DD Act, the ID/DD Community Care Act, and the Specialized Mental Health Rehabilitation Act of 2013. Provides that, during a statewide public health emergency, the Department of Public Health and the Department of Human Services may take specified actions pertaining to inspections within an appropriate time frame to the extent feasible. Provides that probationary and provisional licenses may be extended for an additional 120 if requested and approved by the Department. Amends the Medical Practice Act of 1987. Provides that during a public health emergency, any provision of the Act that would prevent a physician licensed to practice medicine in all of its branches under the Act from delegating any and all authority prescribed to the physician by law to international medical graduate physicians who are working in response to the public health emergency declared by the Governor are suspended. Defines "international medical graduate physician". Amends the Radiation Protection Act of 1990. Provides that during a public health emergency, provisi	Oppose	PUBLIC ACT 103-0001 EFFECTIVE 4/27/23

END OF SPRING SESSION - 2023 - BILLED PASSED BO	TIT TUUSES & FUDLIL ALI		
	industrial radiography trainee certifications to 2 years shall be		
	suspended. Amends the Pharmacy Practice Act. Provides that the		
	"practice of pharmacy" includes vaccination of patients 7 years of age		
	and older for COVID-19 or influenza subcutaneously, intramuscularly,		
C	or orally; administration of COVID-19 therapeutics subcutaneously,		
	intramuscularly, or orally; and ordering and administration of tests and		
	screenings for (i) influenza, SARS-COV 2, and other emerging and		
ε	existing public health threats. Provides that a registered pharmacy		
	technician or student pharmacist may administer COVID-19		
	therapeutics and COVID-19 and influenza vaccinations subject to		
	certain conditions. Amends the Illinois Public Aid Code and the Illinois		
	Insurance Code to provide coverage for in-pharmacy COVID and		
	influenza testing, screening, vaccination, and treatments. Effective		
	immediately.		
	<u>HB 0559 (HFA 0003)</u> (ADOPTED)		
	Replaces everything after the enacting clause. Provides that the	Neutral with	
	amendatory Act may be referred to as the Health Care Workforce	Amendment #3	
	Reinforcement Act. Amends the Department of Professional Regulation		
	Law of the Civil Administrative Code of Illinois. Provides that any person		
ν	who was issued a temporary out-of-state permit or temporary		
	reinstatement permit by the Department of Financial and Professional		
	Regulation in response to the COVID-19 pandemic may continue to		
	practice under his or her temporary out-of-state permit if he or she		
s	submits an application for licensure by endorsement to the Department		
	on or before May 11, 2023. Provides for license application		
	requirements for holders of temporary out-of-state permits or		
t	temporary reinstatement permits in specified professions. Amends the		
	Assisted Living and Shared Housing Act, the Nursing Home Care Act,		
t	the MC/DD Act, the ID/DD Community Care Act, and the Specialized		
	Mental Health Rehabilitation Act of 2013. Provides that, during a		
s	statewide public health emergency, the Department of Public Health		
	and the Department of Human Services may take specified actions		
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	that during a public health emergency, any provision of the Act that		
	would prevent a physician licensed to practice medicine in all of its		
	branches under the Act from delegating any and all authority		
	prescribed to the physician by law to international medical graduate		
	physicians who are working in response to the public health emergency		
	declared by the Governor are suspended. Defines "international		
	medical graduate physician". Amends the Radiation Protection Act of		
	1990. Provides that during a public health emergency, provisions that		
	limit the validity of industrial radiography certifications to 5 years and		
	industrial radiography trainee certifications to 2 years shall be		
	suspended. Amends the Pharmacy Practice Act. Provides that the		
	"practice of pharmacy" includes vaccination of patients 7 years of age		
	and older for COVID-19 or influenza subcutaneously, intramuscularly,		
	or orally; administration of COVID-19 therapeutics subcutaneously,		
	intramuscularly, or orally; and ordering and administration of tests and		
	screenings for (i) influenza, SARS-COV 2, and other emerging and		
	existing public health threats. Provides that a registered pharmacy		
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	therapeutics and COVID-19 and influenza vaccinations subject to		
	certain conditions. Amends the Illinois Public Aid Code and the Illinois		
	Insurance Code to provide coverage for in-pharmacy COVID and		
	influenza testing, screening, vaccination, and treatments. Effective		
	immediately.		
	HB 0559 (HFA 0004) (ADOPTED)		
	Provides that the "practice of pharmacy" includes the ordering and	No position	
	administration of tests and screenings for (i) influenza, (ii) SARS-COV 2,	change/Neutral	
	and (iii) health conditions identified by a statewide public health		
	emergency, as defined in the Illinois Emergency Management Agency		
	Act (instead of other emerging and existing public health threats		
	identified by the Department of Public Health or by emergency order)		
	HB 0559 (SFA 0001) (ADOPTED) MOTION TO CONCUR IN HOUSE	No position	
	RULES- PREVAILED	change/Neutral	
	Removes provisions amending the Illinois Public Aid Code concerning		
	the coverage of pharmacy testing, screening, vaccinations, and		
	treatment.		

Health	State Based	<u>HB 0579</u>	(AMENDMENT TABLED)	Oppose	HOUSE
	Exchange	<u>(HFA 0001)</u>	Replaces everything after the enacting clause. Amends the Illinois		Passed Both
		Gabel	Health Benefits Exchange Law. Provides that the Department of		Houses
		(Gillespie)	Insurance shall operate the Illinois Health Benefits Exchange as a State-		
			based exchange using the federal platform by plan year 2025 and as a		
			State-based exchange by plan year 2026. Provides that, except where		
			inconsistent with State law, the Department may enforce health plan		
			coverage requirements under the federal Patient Protection and		
			Affordable Care Act that apply to the individual and small group		
			markets. Provides that the Director of Insurance may elect to add a		
			small business health options program to the Illinois Health Benefits		
			Exchange. Provides that the General Assembly shall appropriate funds		
			to establish the Illinois Health Benefits Exchange. Provides that issuers		
			must remit an assessment in monthly installments to the Department.		
			Sets forth provisions concerning State medical assistance program		
			coordination and provisions concerning the authority of the		
			Department of Insurance and the Department of Healthcare and Family		
			Services. Creates the Illinois Health Benefits Exchange Fund, to be held		
			by the Department of Insurance. Provides that the Illinois Health		
			Benefits Exchange Fund shall be the repository for moneys collected		
			pursuant to fees or assessments on exchange issuers, federal financial		
			participation as appropriate, and other moneys received as grants or		
			otherwise appropriated for the purposes of supporting health insurance		
			outreach, enrollment efforts, and plan management operations		
			through an exchange. Provides that the Chief Operating Officer of the		
			Exchange shall be subject to confirmation by the Senate. Amends the		
			Illinois Administrative Procedure Act to provide for specified emergency		
			rulemaking. Effective immediately.		
			HB 0579 (HFA 0002) (TABLED)		
			Replaces everything after the enacting clause. Amends the Illinois	No position	
			Health Benefits Exchange Law. Provides that the Department of	change/Oppose	
			Insurance shall operate the Illinois Health Benefits Exchange as a State-		
			based exchange using the federal platform by plan year 2025 and as a		
			State-based exchange by plan year 2026. Provides that, except where		
			inconsistent with State law, the Department shall enforce health plan		
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		Benefits Exchange. Provides that the General Assembly shall		
Provides that issuers must remit an assessment in monthly installments		appropriate funds to establish the Illinois Health Benefits Exchange.		
		Provides that issuers must remit an assessment in monthly installments		
to the Department. Sets forth provisions concerning State medical		to the Department. Sets forth provisions concerning State medical		

END OF SPRING	SESSION – 2023 – BILLED PASSE		
		assistance program coordination and provisions concerning the	
		authority of the Department of Insurance and the Department of	
		Healthcare and Family Services. Creates the Illinois Health Benefits	
		Exchange Fund. Sets forth provisions creating the Illinois Health	
		Benefits Exchange Advisory Committee. Makes a conforming change in	
		the State Finance Act. Effective immediately.	
		<u>HB 0579 (HFA 0004)</u> (ADOPTED)	
		Replaces everything after the enacting clause. Amends the Department	No position
		of Insurance Law. Sets forth provisions concerning the Marketplace	change/Neutral
		Director of the Illinois Health Benefits Exchange. Amends the Illinois	
		Procurement Code. Sets forth provisions concerning an exemption	
		regarding any procurements necessary for the Department of	
		Insurance to implement the Illinois Health Benefits Exchange Law.	
		Amends the Illinois Health Benefits Exchange Law. Provides that the	
		Department of Insurance shall operate the Illinois Health Benefits	
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		Healthcare and Family Services. Creates the Illinois Health Benefits	
		Exchange Fund. Sets forth provisions creating the Illinois Health	
		Benefits Exchange Advisory Committee. Makes a conforming change in	
		the State Finance Act. Effective immediately.	
		HB 0579 (SFA 0001) (ADOPTED) (HOUSE CONCURS)	No position
		Provides that the appointment of the Marketplace Director of the	change/Neutral
		Illinois Health Benefits Exchange and of the 10 public members to the	
		Illinois Health Benefits Exchange Advisory Committee is appointed by	

END OF SPRING	3 SESSIUN - 2023 -	DILLED PASSED	BUTH HOUSES & PUBLIC ACT		1
			the Governor with the advice and consent of the Senate. Provides that		
			the Governor may make temporary appointments until the next		
			meeting of the Senate. Provides that through the adoption of rules, the		
			Director of Insurance may require that plans offered on the exchange		
			conform with standardized plan designs. Makes a change concerning		
			the purpose of the assessment. Provides that in no case shall the		
			assessment be applied at a rate that exceeds 3.5% (previously 4%).		
Health	HMO Referral	<u>HB 1186</u>	Amends the Health Maintenance Organization Act. Provides that the	Support	HOUSE
		Croke	powers of a health maintenance organization include the voluntary use		Passed Both
		(Fine)	of a referral system for enrollees to access providers under contract		Houses
			with or employed by the health maintenance organization. Provides		
			that the provisions shall not be construed as requiring the use of a		
			referral system to obtain a certificate of authority. Changes the		
			definition of "health care plan". Defines "referral system". <i>Effective</i>		
			January 1, 2024.		
			HB 1186 (HFA 0001) (ADOPTED)	No position	
			Provides that the Director may prescribe by rule the language that	change/Support	
			must be included in the plan name, marketing, advertising, or other		
			consumer disclosure requirements to differentiate a health care plan		
			that does not use a referral system for such providers from a health		
			care plan that does use a referral system for such providers. Provides		
			that the provisions shall not be construed as requiring the use of a		
			referral system with the health maintenance organization's contracted		
			or employed providers to obtain a certificate of authority.		
Health	Mental Health	HB 1364	(AMENDMENT ADOPTED) (HOUSE CONCURS)	Support	HOUSE
	Working	(SFA 0001)	Amends the Illinois Insurance Code. Provides that an insurer that		Passed Both
	Group Task	Guzzardi	amends, delivers, issues, or renews a group or individual policy of		Houses
	Force	(Fine)	accident and health insurance or a qualified health plan offered		
			through the health insurance marketplace in the State providing		
			coverage for hospital or medical treatment and for the treatment of		
			mental, emotional, nervous, or substance use disorders or conditions		
			shall submit an annual report, the format and definitions for which will		
			be determined (rather than developed) by the Department of Insurance		
			and the Department of Healthcare and Family Services (rather than a		
			workgroup) and posted on their respective websites, starting on		
			September 1, 2023 and annually thereafter, (rather than on or before		

Iuly 1, 2020 that contains specified information. Removes provisions concerning a workgroup convened by the Department of Insurance and the Department of Healthcare and Family Services to provide reporting requirements. HB 1364 (SFA 0002) (ADOPTED) (HOUSE CONCURS) Amends the Community Emergency Services and Support Act. Changes "responder" to "mobile mental health relief provider" throughout the Act. Provides that the Department of Human Services, Division of Mental Health's guidance for 9-1-1 PSAPs and emergency services dispatched through 9-1-1 PSAPs for coordinating the response to individuals who appear to be in a mental or behavioral health emergency while engaging in conduct alleged to constitute a non- violent misdemeanor shall promote diversion from further criminal justice involvement, including prioritization of referrals to a pre-arrest or pre-booking case management. Requires the Statewide Advisory Committee to continue to meet until the Act has been fully implemented and mobile mental health relief providers are available in all parts of Illinois, and allows the Division of Mental Health to reconvene the Statewide Advisory Committee, the Statewide a dorisory available to fill a member's seat for one of the required areas of representation on a Regigonal Advisory Committee, the escretary of </th <th>END OF SPRING SESSION – 2023 – BILLED PASSE</th> <th></th> <th></th>	END OF SPRING SESSION – 2023 – BILLED PASSE		
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representation is filled once a person becomes willing and available to fill that seat. Requires the Division of Mental Health to establish a clear plan and regular courses of action to engage, recruit, and sustain areas of established participation. Requires each Regional Advisory Committee to identify regional resources and supports for use by the mobile mental health relief providers as they respond to the requests		representation on a Regional Advisory Committee, the Secretary of	
fill that seat. Requires the Division of Mental Health to establish a clear plan and regular courses of action to engage, recruit, and sustain areas of established participation. Requires each Regional Advisory Committee to identify regional resources and supports for use by the mobile mental health relief providers as they respond to the requests		Human Services shall adopt procedures to ensure that a missing area of	
plan and regular courses of action to engage, recruit, and sustain areas of established participation. Requires each Regional Advisory Committee to identify regional resources and supports for use by the mobile mental health relief providers as they respond to the requests		representation is filled once a person becomes willing and available to	
of established participation. Requires each Regional Advisory Committee to identify regional resources and supports for use by the mobile mental health relief providers as they respond to the requests			
Committee to identify regional resources and supports for use by the mobile mental health relief providers as they respond to the requests		plan and regular courses of action to engage, recruit, and sustain areas	
mobile mental health relief providers as they respond to the requests			
		Committee to identify regional resources and supports for use by the	
for convisor, Drovidos that each 0.1.1 DSAD and amorganous convisor		mobile mental health relief providers as they respond to the requests	
		for services. Provides that each 9-1-1 PSAP and emergency service	
dispatched through a 9-1-1 PSAP must begin coordinating its activities		dispatched through a 9-1-1 PSAP must begin coordinating its activities	
with the mobile mental and behavioral health services established by		with the mobile mental and behavioral health services established by	
the Division of Mental Health once specified conditions are met, but not		the Division of Mental Health once specified conditions are met, but not	
later than July 1, 2024 (rather than July 1, 2023). Requires the Division		later than July 1, 2024 (rather than July 1, 2023). Requires the Division	

			of Mental Health to submit a report to the General Assembly on or before July 1, 2023 and on a quarterly basis thereafter on its progress in implementing the Act. Makes other changes.		
Health	Reconstructive Services Domestic Violence Mandate	HB 1384 Cassidy (Cappel)	Provides that a group or individual policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2025 may not deny coverage for medically necessary reconstructive services that are intended to restore physical appearance. Amends the Medical Assistance Article of the Illinois Public Aid Code.	Neutral	HOUSE Passed Both Houses
			HB1384 (HCA 1)(ADOPTED) Replaces everything after the enacting clause with the provisions of the introduced bill. Provides that a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 may not deny coverage for medically necessary reconstructive services that are intended to restore physical appearance. Makes a conforming change in the Health Maintenance Organization Act.	No position change/Neutral	
Health	Vaginal Estrogen Coverage Mandate	HB 1565 Stuart (Cappel)	Mandates coverage for coverage for one or more therapeutic equivalents versions of vaginal estrogen in its formulary. One must be included in the formulary without cost sharing. If a provider determines that there is a different estrogen to be provided, that estrogen shall be covered with no cost sharing.	Oppose	HOUSE Passed Both Houses
			<u>HB1565 (HCA1)</u> (TABLED) Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than January 1, 2024) and that provides coverage for prescription drugs shall include coverage for one or more therapeutic equivalent versions of vaginal estrogen in its formulary.	No position change/Oppose	
			HB 1565 (HFA 0002) (ADOPTED) Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than January 1, 2024) and that provides coverage for prescription drugs shall include coverage for one or more therapeutic equivalent versions of vaginal estrogen in its formulary.	Neutral with Amendment #2	

END OF SPRI	NG 3E33ION - 2023 -	BILLED PASSED	BOTH HOUSES & PUBLIC ACT		
			HB 1565 (SCA 0001) (ADOPTED) (HOUSE CONCURS)	No position	
			Provides that if (rather than if an individual's attending provider	change/Neutral	
			recommends) a particular vaginal estrogen product or its therapeutic		
			equivalent version approved by the United States Food and Drug		
			Administration is determined to be medically necessary (rather than		
			based on the provider's determination), the issuer must cover that		
			service or item pursuant to the cost-sharing requirement in specified		
			provisions (rather than without cost sharing). Provides that a policy		
			subject to the provisions shall not impose a deductible, coinsurance,		
			copayment, or any other cost-sharing requirement that exceeds any		
			deductible, coinsurance, copayment, or any other cost-sharing		
			requirement imposed on any prescription drug authorized for the		
			treatment of erectile dysfunction covered by the policy (rather than on		
			the coverage provided). Removes language providing that a policy is		
			not required to include all therapeutic equivalent versions of vaginal		
			estrogen in its formulary so long as at least one is included and covered		
			without cost sharing and in accordance with the provisions		
All	Dental	<u>HB 2072</u>	In provisions concerning provider notification of dental plan changes,	Oppose	HOUSE
	Network Plan	Gong-	provides that no insurer, service corporation, dental service plan		Passed Both
	Change	Gershowitz	corporation, insurance network leasing company, or any company that		Houses
		(Fine)	issues, delivers, amends, or renews an individual or group policy of		
			accident and health insurance on or after the effective date of the		
			amendatory Act that provides dental insurance may automatically		
			enroll a provider in a leased network without the provider's written		
			consent. Provides that any contract entered into or renewed on or		
			after the effective date of the amendatory Act that allows the rights		
			and obligations of the contract to be assigned or leased to another		
			insurer shall provide for notice that informs each provider in writing via		
			certified mail 90 days before any scheduled assignment or lease of the		
			network to which the provider is a contracted provider (rather than		
			shall provide notice of that assignment or lease within 30 days after		
			the assignment or lease to the contracting dentist). Provides that an		
			insurer, service corporation, dental service plan corporation, insurance		
			network leasing company, or any company that issues, delivers,		
			amends, or renews an individual or group policy of accident and health		
			insurance on or after the effective date of the amendatory Act that		
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		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.		
		<u>HB 2072 (HCA 0001)</u> (TABLED)	No position	
		Further amends the Illinois Insurance Code. Provides that no insurer,	change/Oppose	
		dental service plan corporation, professional service corporation,		
		insurance network leasing company, or any company that amends,		
		delivers, issues, or renews an individual or group policy of accident and		
		health insurance on or after the effective date of the amendatory Act		
		shall require a dental care provider to incur a fee to access and obtain		
		payment or reimbursement for services provided. Provides that a		
		dental plan carrier shall provide a dental care provider with 100% of		
		the contracted amount of the payment or reimbursement.		
		HB 2072 (HFA 0002) (TABLED)		
		Replaces everything after the enacting clause. Amends the Illinois	No position	
		Insurance Code. Provides that no dental carrier may automatically	change/Oppose	
		enroll a provider in a leased network without allowing any provider		
		that is part of the dental carrier's provider network to choose to not		
		participate by opting out. Provides that the provisions do not apply if		
		access to a provider network contract is granted to a dental carrier or		
		an entity operating in accordance with the same brand licensee		
		program as the contracting entity or to a provider network contract for		
		dental services provided to beneficiaries of specified health plans.		
		Provides that any contract entered into or renewed on or after the		
		effective date of the amendatory Act that allows the rights and		
		obligations of the contract to be assigned or leased to another insurer		
		shall provide for notice that informs each provider in writing via		
		certified mail 60 days before any scheduled assignment or lease of the		
		network to which the provider is a contracted provider (rather than		
		shall provide notice of that assignment or lease within 30 days after the		
		assignment or lease to the contracting dentist). Provides that no		
		insurer, dental service plan corporation, professional service		
		corporation, insurance network leasing company, or any company that		
		amends, delivers, issues, or renews an individual or group policy of		
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		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. Makes other changes.		
		<u>HB 2072 (HFA 0003)</u> (ADOPTED)	Neutral with	
		Replaces everything after the enacting clause. Amends the Illinois	Amendment #3	
		Insurance Code. Provides that no dental carrier may automatically		
		enroll a provider in a leased network without allowing any provider		
		that is part of the dental carrier's provider network to choose to not		
		participate by opting out. Provides that the provisions do not apply if		
		access to a provider network contract is granted to a dental carrier or		
		an entity operating in accordance with the same brand licensee		
		program as the contracting entity or to a provider network contract for		
		dental services provided to beneficiaries of specified health plans.		
		Provides that any contract entered into or renewed on or after the		
		effective date of the amendatory Act that allows the rights and		
		obligations of the contract to be assigned or leased to another insurer		
		shall provide for notice that informs each provider in writing via		
		certified mail 60 days before any scheduled assignment or lease of the		
		network to which the provider is a contracted provider (rather than		
		shall provide notice of that assignment or lease within 30 days after the		
		assignment or lease to the contracting dentist). Provides that no		
		insurer, dental service plan corporation, professional service		
		corporation, insurance network leasing company, or any company that		
		amends, delivers, issues, or renews an individual or group policy of		
		accident and health insurance on or after the effective date of the		
		amendatory Act shall require a dental care provider to incur a fee to		
		access and obtain payment or reimbursement for services provided.		
		Provides that a dental plan carrier shall provide a dental care provider		
		with 100% of the contracted amount of the payment or		
		reimbursement. Provides that fees incurred directly by a dental care		
		provider from third parties related to transmitting an automated		
		clearing house network claim, transaction management, data		
		management, or portal services and other fees charged by third parties		
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			that are not in the control of the dental plan carrier shall not be prohibited by the provisions. Makes other changes.		
All	Insurance Data Security Law	HB 2130 Morgan (Harris, N.)	Sets forth provisions concerning an information security program, investigations of cybersecurity events, and notifications of cybersecurity events. Provides that the Director of Insurance shall have power to examine and investigate into the affairs of any licensee to determine whether the licensee has been or is engaged in any conduct in violation of the Act. Provides that whenever the Director has reason to believe that a licensee has been or is engaged in conduct in the State which violates the Act, the Director may take action that is necessary or appropriate to enforce the provisions of the Act. Provides that any documents, materials, or other information in the control or possession of the Department of Insurance that are furnished by a licensee or an employee or agent acting on behalf of a licensee or that are obtained by the Director in an investigation or examination shall be confidential by law and privileged, shall not be subject to the Freedom of Information Act, shall not be subject to subpoena, and shall not be subject to discovery or admissible in evidence in any private civil action.	Oppose	HOUSE Passed Both Houses
			HB 2130 (HFA 0001) (ADOPTED) Makes a change in provisions concerning notification of a cybersecurity event. Sets forth provisions concerning an exemption from specified provisions.	No position change/Oppose	
Health	Insulin Co-Pay Cap \$35	HB 2189 Douglass (Murphy)	In provisions concerning cost sharing in prescription insulin drugs, provides that an insurer that provides coverage for prescription insulin drugs under the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed \$35 (rather than \$100). <i>Effective immediately</i> . <u>HB 2189 (HCA 0001)</u> (ADOPTED) <i>Replaces everything after the enacting clause. Reinserts the provisions</i> <i>of the introduced bill with the following changes. Changes the effective</i> <i>date to January 1, 2025 (instead of effective immediately). Removes</i> <i>the Access to Affordable Insulin Act.</i>	Oppose Neutral with Amendment #1	HOUSE Passed Both Houses

<u>1331010 - 2023 - 1</u>			No position	
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			change/Neutral	
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			change/Neutral	
		offer a discount program that allows participants to purchase insulin at		
		a discounted, post-rebate price. Sets forth provisions concerning the		
		insulin discount program. Defines terms. Provides a July 1, 2025		
		effective date (rather than January 1, 2025).		
Rate Review	<u>HB 2296</u>	(AMENDMENT ADOPTED) (HOUSE CONCURS)	Oppose	HOUSE
	(<u>SFA 0002)</u> Gabel (Fine)	Replaces everything after the enacting clause. Amends the Department		Passed Both
		of Insurance Law. Provides that beginning before or on May 1, 2026,		Houses
		and each May 1 thereafter, the Department of Insurance shall report to		
		the Governor and the General Assembly on health insurance coverage,		
		affordability, and cost trends. Amends the Illinois Insurance Code.		
		Provides that any forms and rates filed for large employer group		
		accident and health insurance shall be automatically deemed approved		
		after 90 days after filing. Provides that beginning plan year 2026, rate		
		increases for all individual and small group accident and health		
		insurance policies must be filed with the Department for approval.		
		Provides that unreasonable rate increases or inadequate rates shall be		
		modified or disapproved. Provides that beginning plan year 2025, the		
		Department shall post all insurers' rate filings and summaries on the		
		Department's website. Provides that the Department shall open a 30-		
		day public comment period on the date that a rate filing is posted on		
		website. Provides that the Department shall adopt rules implementing		
		Rate Review HB 2296 (SFA 0002) Gabel	a discounted, post-rebate price. Sets forth provisions concerning the insulin discount program. Defines terms. Provides a July 1, 2025 effective date (rather than January 1, 2025).Rate ReviewHB 2296 (SFA 0002) Gabel (Fine)(AMENDMENT ADOPTED) (HOUSE CONCURS) Replaces everything after the enacting clause. Amends the Department of Insurance Law. Provides that beginning before or on May 1, 2026, and each May 1 thereafter, the Department of Insurance coverage, affordability, and cost trends. Amends the Illinois Insurance Code. Provides that any forms and rates filed for large employer group accident and health insurance shall be automatically deemed approved after 90 days after filing. Provides that beginning plan year 2026, rate 	HB 2189 (SFA 0001)(TABLED) No position Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Provides that "Department", for purposes of the provisions, means the Department of Central Management Services. Provides that "Director", for purposes of the provisions, means the Director of Central Management Services HB 2189 (SFA 0002) (ADOPTED) (HOUSE CONCURS) No position Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Creates the Access to Affordable Insulin Act. Provides that the Department of Insurance shall offer a discount program that allows participants to purchase insulin at a discounted, post-rebate price. Sets forth provisions concerning the insulin discount program. Defines terms. Provides a July 1, 2025 effective date (rather than January 1, 2025). Oppose Rate Review HB 2296 (SFA 0002) Gabei (Fine) (AMENDMENT ADOPTED) (HOUSE CONCURS) Replaces everything after the enacting clause. Amends the Department of Insurance Law. Provides that beginning before or on May 1, 2026, and each May 1 thereafter, the Department of Insurance coverage, affordability, and cost trends. Amends the Illinois Insurance Code. Provides that any forms and rates filed for large employer group accident and health insurance shall be automatically deemed approved after 90 days after filing. Provides that beginning plan year 2026, rate increases for all individual and small group accident and health insurance policies must be filed with the Department for approval. Provides that unreassonable rate increases or inadequate rates shall be modified or disapproved. Provides that the Department for approval. Provides that unreassonable rate increases or inadequate rates shall be modified or disapprov

			Health Maintenance Organization Act and the Limited Health Service Organization Act.		
Health	Pap Test and Prostate Testing Coverage Mandate Gender	HB 2350 Cassidy (Pacione/ Zayas)	In provisions concerning pap tests and prostate cancer screenings, provides that required coverage includes an annual cervical smear or Pap smear test for all (rather than female) insureds. Provides that required coverage includes an annual prostate cancer screening for insureds (rather than male insureds) upon the recommendation of a physician licensed to practice medicine in all of its branches for specified individuals. Provides that required coverage includes an annual prostate cancer screening for insureds who are age 40 and over with a genetic predisposition to prostate cancer. <u>HB 2350 (HFA 0001)</u> (ADOPTED) Adds a January 1, 2025 effective date. Removes a reference to "women".	Oppose Neutral with Amendment #1	HOUSE Passed Both Houses
Health	Hearing Aid Coverage Mandates	HB 2443 Chung (Koehler)	 Provides that an individual or group policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide coverage for medically necessary hearing instruments and related services for all individuals (rather than all individuals under the age of 18) when a hearing care professional prescribes a hearing instrument to augment communication. Makes conforming changes, including repealing provisions concerning optional coverage or optional reimbursement for hearing instruments and related services. <i>Effective January 1, 2025.</i> HB 2443 (SFA 0001) (ADOPTED) (HOUSE CONCURS) Deletes language repealing provisions concerning optional coverage or optional reimbursement for hearing instruments and related services. 	No position No change in position	HOUSE Passed Both Houses
Health	Proton Beam Mandate	HB 2799 Hammond (Koehler)	Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for the treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the insurer applies for the coverage of any other form of radiation therapy treatment. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act that	Oppose	HOUSE Passed Both Houses

END OF SPRING	3 5 5 5 5 5 10 N = 2023 =	DILLED PASSED	BOTH HOUSES & PUBLIC ACT		
			provides coverage or benefits to any resident of this State for radiation		
			oncology shall include coverage or benefits for physician-prescribed		
			proton beam therapy for the treatment of cancer as recommended by		
			the patient's physician.		
			<u>HB 2799 (HCA 0001) (ADOPTED)</u>	Neutral with	
			Replaces everything after the enacting clause. Reinserts the provisions	Amendment #1	
			of the introduced bill with the following changes. Provides that a group		
			or individual policy of accident and health insurance or managed care		
			plan that is amended, delivered, issued, or renewed on or after January		
			1, 2025 (rather than after the effective date of the amendatory Act)		
			that provides coverage for the treatment of cancer shall not apply a		
			higher standard of clinical evidence for the coverage of proton beam		
			therapy than the insurer applies for the coverage of any other form of		
			radiation therapy treatment. Provides that a group or individual policy		
			of accident and health insurance or managed care plan that is		
			amended, delivered, issued, or renewed on or after January 1, 2025		
			(rather than after the effective date of the amendatory Act) that		
			provides coverage or benefits to any resident of the State for radiation		
			oncology shall include coverage or benefits for medically necessary		
			proton beam therapy for the treatment of cancer (rather than for		
			physician-prescribed proton beam therapy for the treatment of cancer		
			as recommended by the patient's physician). Defines "medically		
			necessary". Effective January 1, 2024		
Health	Mental Health	HB 2847	Provides that a group or individual policy of accident and health	Oppose	HOUSE
	Care Access	LaPointe	insurance or a managed care plan that is amended, delivered, issued,		Passed Both
		(Fine)	or renewed on or after January 1, 2025 shall cover all medically		Houses
			necessary out-of-network mental health visits, treatment, and services		
			provided by a mental health provider or facility. Provides that a group		
			or individual policy of accident and health insurance or managed care		
		plan that is amended, delivered, issued, or renewed on or after			
		January 1, 2025 shall provide coverage for 2 annual mental health			
		prevention and wellness visits for children and for adults. Provides that			
			a group or individual policy of accident and health insurance or		
			managed care plan that is amended, delivered, issued, or renewed on		
			or after January 1, 2025 shall not require the diagnosis of a mental,		
			emotional, or nervous disorder or condition to establish medical		
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			necessity for mental health care, services, or treatment. Provides that		
			the Department of Insurance shall contract with an independent third		
			party with expertise in analyzing commercial insurance premiums and		
			costs to perform an independent analysis of the impact of the		
			coverage of services pursuant to the provisions has had on insurance		
			premiums.	No position	
			HB 2847 (HFA 0001) (TABLED)	change/Oppose	
			Replaces everything after the enacting clause. Reinserts the provisions		
			of the introduced bill with the following changes. In provisions		
			concerning coverage of out-of-network mental health care, specifies		
			that the provisions apply to each market (rather than plan) in which the		
			insurer offers or provides any network plan. Provides that the		
			Department of Insurance may require an insurer to file utilization data		
			to establish the disparity level in a market for the Base Year as needed.		
			Sets forth provisions concerning annual filing requirements for insurers		
			and provisions concerning Department review of disparity levels.		
			Provides that the Department shall adopt any rules necessary to		
			implement the provisions by no later than October 31, 2024 (rather		
			than 2023). Defines terms. Removes provisions concerning coverage of		
			medically necessary mental health care for individuals not diagnosed		
			with a mental health disorder and provisions concerning analysis of		
			mental health care coverage on insurance premiums. Makes other		
			changes. Changes the effective date to July 1, 2024 (rather than		
			effective immediately).		
			HB 2847 (HFA 0002) (ADOPTED)	Neutral	
			Replaces everything after the enacting clause. Reinserts the provisions		
			of the introduced bill with the following changes. Creates the Mental		
			Health and Wellness Act (rather than the Mental Health Equity Access		
			and Prevention Act). In provisions concerning coverage of no-cost		
			mental health prevention and wellness visits, provides that a mental		
			health prevention and wellness visit shall be in addition to an annual		
			physical examination. Provides that the Department of Insurance shall		
			update current procedural terminology codes through adoption of rules		
			if the codes listed in the provisions are altered, amended, changed,		
			deleted, or supplemented. Provides that a mental health prevention		
			and wellness visit may be incorporated into and reimbursed within any		
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END OF SPRING	3E33IOIN - 2023 -	BILLED PASSED	BOTH HOUSES & PUBLIC ACT		
	32331011 - 2023 -		type of integrated primary care service delivery method. Provides that the Department shall adopt any rules necessary to implement the provisions by no later than October 31, 2024 (rather than 2023). Removes provisions concerning coverage of out-of-network mental health care, provisions concerning coverage of medically necessary mental health care for individuals not diagnosed with a mental health disorder, and provisions concerning analysis of mental health care coverage on insurance premiums. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Makes other changes. Effective immediately. HB 2847 (HFA 0003) (ADOPTED) In provisions concerning coverage of no-cost mental health prevention and wellness visits, provides that a group or individual policy of accident and health insurance or managed care plan that is amended,	Neutral	
			delivered, issued, or renewed on or after January 1, 2025 shall provide coverage for one annual mental health prevention and wellness visit (rather than 2 annual mental health prevention and wellness visits) for children and for adults. Makes a grammatical correction.		
Health	Non- participating Providers	HB 3030 Morgan (Morrison)	ISMS Batching Bill (Aligns with Federal No Surprises Act)	Neutral	HOUSE Passed Both Houses
	Equal Pay	HB 3129 Canty (Pacione/ Zayas)	Amends the Equal Pay Act of 2003. Provides that it is unlawful for an employer with 15 or more employees to fail to include the pay scale for a position in any job posting. Provides that if an employer with 15 or more employees engages a third party to announce, post, publish, or otherwise make known a job posting, the employer shall provide the pay scale to the third party and the third party shall include the pay scale in the job posting. Defines "pay scale". Makes conforming changes to provisions concerning violations of the Act and fines and penalties. Effective immediately.	Monitor	HOUSE Passed Both Houses
			HB 3129 (HFA 0001) (ADOPTED) Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes: Further amends the Equal Pay Act of 2003. Provides that an employer shall be liable for a third party's failure to include the pay scale and benefits in a job	No position change/Monitor	

	posting. Provides that an employer shall announce, post, or otherwise		
	make known all opportunities for promotion to all current employees		
	no later than the same calendar day that the employer makes an		
	external job posting for the position. Provides that an employer shall		
	make and preserve records that document the pay scale and benefits		
	for a position. Provides that the Department of Labor may initiate		
	investigations of alleged violations of provisions concerning disclosing a		
	pay scale in job postings. Provides that, if the Department determines		
	that a violation occurred, the employer shall have 7 days upon receipt		
	of notice of a violation from the Department to remedy the violation.		
	Provides that the employer shall demonstrate to the Department that		
	the violation has been remedied or the employer shall be subject to a		
	civil penalty of \$100 per day for each day that a violation continues		
	after the 7-day notice period. Effective January 1, 2024 (rather than		
	effective immediately).		
	HB 3129 (SCA 0001) (ADOPTED) (HOUSE CONCURS)	No position	
	Replaces everything after the enacting clause. Reinserts the provisions	, change/Monitor	
	of the engrossed bill with the following changes: Further amends the	0,1	
	Equal Pay Act of 2003. Provides that provisions requiring the posting of		
	pay scale and benefits only applies to positions that will be physically		
	performed, at least in part, in Illinois, or positions that will be physically		
	performed outside of Illinois, but the employee reports to a supervisor,		
	office, or other work site in Illinois. Provides that nothing prohibits an		
	employer or employment agency from asking an applicant about his or		
	her wage or salary expectations for the position the applicant is		
	applying for. Provides that an employer or employment agency shall		
	disclose to an applicant for employment the pay scale and benefits to		
	be offered for the position prior to any offer or discussion of		
	compensation and at the applicant's request, if a public or internal		
	posting for the job, promotion, transfer, or other employment		
	opportunity has not been made available to the applicant. Provides		
	that an employer shall make and preserve records that document the		
	pay scale and benefits for a position. Provides that the Department of		
	Labor may initiate investigations of alleged violations of provisions		
	concerning disclosing a pay scale in job postings. Provides that the		
	Department may investigate and levy civil penalties against employers		
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			that violate provisions concerning the posting of pay scale and benefits.		
			Defines "pay scale and benefits". Effective January 1, 2025 (rather		
			than effective January 1, 2024).		
			HB 3129 (SFA 0002) (ADOPTED) (HOUSE CONCURS)		
			Replaces everything after the enacting clause. Reinserts the provisions	No position	
			of the engrossed bill with the following changes: Provides that if an	change/Monitor	
			employer engages a third party to announce, post, publish, or		
			otherwise make known a job posting, the employer shall provide the		
			pay scale and benefits, or a hyperlink to the pay scale and benefits, to		
			the third party and the third party shall include the pay scale and		
			benefits, or a hyperlink to the pay scale and benefits, in the job posting.		
			Provides that the Department of Labor, during its investigation of a		
			complaint, shall make a determination as to whether a job posting is		
			not active by considering the totality of the circumstances, including,		
			but not limited to: (i) whether a position has been filled; (ii) the length		
			of time a posting has been accessible to the public; (iii) the existence of		
			a date range for which a given position is active; and (iv) whether the		
			violating posting is for a position for which the employer is no longer		
			accepting applications. Makes other changes. Effective January 1,		
			2025.		
Health	Saliva Cancer	HB 3202	Provides that an individual or group policy of accident and health	Neutral	HOUSE
	Test	Sanalitro	insurance that is amended, delivered, issued, or renewed on or after		Passed Both
		(Lewis)	January 1, 2025 shall cover a medically necessary home saliva cancer		Houses
			screening every 24 months. Makes conforming changes in the State		
			Employees Group Insurance Act of 1971, the Counties Code, the Illinois		
			Municipal Code, the School Code, the Health Maintenance		
			Organization Act, the Limited Health Service Organization Act, the		
			Voluntary Health Services Plans Act, and the Medical Assistance Article		
			of the Illinois Public Aid Code. <i>Effective January 1, 2024</i> .		
			HB 3202 (HFA 0001) (ADOPTED)	No position	
			Provides that an individual or group policy of accident and health	change/Neutral	
			insurance that is amended, delivered, issued, or renewed on or after	0-,	
			January 1, 2025 shall cover a medically necessary home saliva cancer		
			screening every 24 months if the patient is asymptomatic and at high		
			risk for the disease being tested for or demonstrates symptoms of the		
			disease being tested for at a physical exam (rather than shall cover a		
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			medically necessary home saliva cancer screening every 24 months).		
			Removes provisions concerning the Illinois Public Aid Code.		
Health	Behavioral	<u>HB3230</u>	Requires the Department of Human Services, Division of Mental	Oppose	HOUSE
	Health Crisis	LaPointe	Health, to use an independent third-party expert to conduct a cost		Passed Both
	Care	(Fine)	analysis and determine actuarially sound costs associated with		Houses
			developing and maintaining a statewide initiative for the coordination		
			and delivery of the continuum of behavioral health crisis response		
			services in the State, including crisis call centers, mobile crisis response		
			team services, crisis receiving and stabilization centers, and other		
			acute behavioral health services. Contains provisions concerning		
			recommendations on multiple sources of funding that could potentially		
			be utilized to support a sustainable and comprehensive continuum of		
			behavioral health crisis response services; a behavioral health crisis		
			workforce; an action plan; a stakeholder working group to develop		
			recommendations to coordinate programming and strategies to		
			support a cohesive behavioral health crisis response system; and other		
			matters.		
			HB 3230 (HFA 0001) (ADOPTED)	Monitor	
			Replaces everything after the enacting clause. Reinserts the provisions		
			of the introduced bill but with the following changes: Makes subject to		
			appropriation the requirement that the Department of Human Services		
			use an independent third-party expert to conduct a cost analysis on		
			developing and maintaining a statewide initiative for the coordination		
			and delivery of the continuum of behavioral health crisis response		
			services in the State. Provides that the cost analysis shall include costs		
			that are or can be reasonably attributed to: (i) staffing and		
			technological infrastructure enhancements necessary to achieve		
			operational and clinical standards and best practices set forth by the 9-		
			8-8 Suicide and Crisis Lifeline (rather than costs that are or can be		
			reasonably attributed to ensuring the efficient and effective routing of		
			calls made to the 9-8-8 suicide prevention and behavioral health crisis		
			hotline to the designated hotline center and community behavioral		
			health centers); (ii) the need to develop staffing that is consistent with		
			federal guidelines for (rather than staffing that is adequate for		
			expedient) mobile crisis response times, based on call volume and the		
			geography served; and (iii) the provision of call, text, and chat		

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(Halpin)required to pay for a twin-pack of medically necessary epinephrine injectors at an amount not to exceed \$60, regardless of the type of epinephrine injector. Provides that nothing in the provisions prevents an insurer from reducing an insured's cost sharing by an amount greater than the specified amount. Provides that the Department of Insurance may adopt rules as necessary to implement and administer the provisions. HB 3639 (HCA 0001) (TABLED)Neutral with Amendment #1Adds a January 1, 2025 effective date. HB 3639 (HFA 0002) (ADOPTED) Adds a January 1, 2025 effective date.No position change/NeutralLifePreneedHB 3775Provides that the pre-need contract shall provide, if applicable, that ifMonitorHOUSE	END OF SPRING	SESSION - 2023 -	BILLED PASSED	BOTH HOUSES & PUBLIC ACT		1
epinephrine injector. Provides that nothing in the provisions prevents an insurer from reducing an insured's cost sharing by an amount greater than the specified amount. Provides that the Department of Insurance may adopt rules as necessary to implement and administer the provisions.Neutral with Amendment #1HB 3639 (HCA 0001) Adds a January 1, 2025 effective date. HB 3639 (HFA 0002) Adds a January 1, 2025 effective date.No position change/NeutralLifePreneed CemeteryHB 3775 TarverProvides that the pre-need contract shall provide, if applicable, that if the purchaser does not pay the costs associated with the opening orMonitorHOUSE Passed Bod		Epinephrine	<u>HB 3639</u> Mason	 Provides that the provisions apply to contracts entered into or renewed on or after January 1, 2024 (instead of July 1, 2023). HB 3631 (HFA 0002) (ADOPTED) Replaces everything after the enacting clause. Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not retaliate against a pharmacist or pharmacy for disclosing information in a court, in an administrative hearing, before a legislative commission or committee, in any other proceeding, or to a government or law enforcement agency, if the pharmacist or pharmacy has reasonable cause to believe that the disclosed information. Provides that a pharmacist or pharmacy shall make commercially reasonable efforts to limit the disclosure of confidential and proprietary information. Provides that retaliatory actions against a pharmacy or pharmacy or pharmacist include specified actions. HB 3631 (SCA 0001) (ADOPTED) (HOUSE CONCURS) Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2022 (rather than July 1, 2023). Adds a July 1, 2023 effective date. Provides that an insurer that provides coverage for medically necessary epinephrine injectors shall limit the total amount that an insured is required to pay for a twin-pack of medically necessary epinephrine 	Amendment #2 No position change/Neutral	Passed Both
Adds a January 1, 2025 effective date. No position HB 3639 (HFA 0002) (ADOPTED) No position Adds a January 1, 2025 effective date. No position change/Neutral Life Preneed HB 3775 Provides that the pre-need contract shall provide, if applicable, that if Monitor HOUSE Life Tarver The purchaser does not pay the costs associated with the opening or Monitor Passed Bot		• •	Mason	epinephrine injectors shall limit the total amount that an insured is required to pay for a twin-pack of medically necessary epinephrine injectors at an amount not to exceed \$60, regardless of the type of epinephrine injector. Provides that nothing in the provisions prevents an insurer from reducing an insured's cost sharing by an amount greater than the specified amount. Provides that the Department of Insurance may adopt rules as necessary to implement and administer the provisions.	Neutral with	Passed Both
	Life			Adds a January 1, 2025 effective date.HB 3639 (HFA 0002)(ADOPTED)Adds a January 1, 2025 effective date.Provides that the pre-need contract shall provide, if applicable, that if	No position change/Neutral	
		•				Passed Both Houses

	<u>IG SESSION – 2023 –</u>		Space, the seller may repossess the undeveloped interment, inurnment, or entombment space. HB 3775 (HFA 0001) (ADOPTED) Replaces everything after the enacting clause. Amends the Cemetery Oversight Act. Provides that any retail installment contract for the purchase of interment, entombment, or inurnment rights shall contain a clearly worded notice in 12-point type, bold, underlined, and capital letters, that that rights to a deeded interest do not vest until final payment and that upon an uncured default, including when a contract is rolled into a new open-balance retail installment contract, with	No position change/Monitor	
Health	Low Tone	HB 3809	additional interment, entombment, or inurnment rights or additionalcemetery merchandise or services, there will be no deeded interest.Provides that a group or individual policy of accident and health	Oppose	HOUSE
	Hearing Impairment Mandate	DeLuca (Joyce)	insurance amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment. Provides that the coverage shall include 315 combined therapy sessions per year.		Passed Both Houses
			HB 3809 (HCA 0001) (TABLED) Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance amended, delivered, issued, or renewed on or after January 1, 2025 (rather than the effective date of the amendatory Act) shall provide coverage for therapy, diagnostic testing, and equipment necessary to increase quality of life for children who have been clinically or genetically diagnosed with any disease, syndrome, or disorder that includes low tone neuromuscular impairment, neurological impairment, or cognitive impairment. Removes language providing that the coverage shall include 315 combined therapy sessions per year.	No position change/Oppose	
			HB 3809 (HFA 0002)(ADOPTED)Replaces everything after the enacting clause. Reinserts the provisionsof the introduced bill with the following changes. Provides that a group	No position change/Oppose	

or individual policy of accident and health insurance amended,	
delivered, issued, or renewed on or after January 1, 2025 (rather than	
the effective date of the amendatory Act) shall provide coverage for	
therapy, diagnostic testing, and equipment necessary to increase	
quality of life for children who have been clinically or genetically	
diagnosed with any disease, syndrome, or disorder that includes low	
tone neuromuscular impairment, neurological impairment, or cognitive	
impairment. Removes language providing that the coverage shall	
include 315 combined therapy sessions per year.	

			SENATE BILLS		
Health	PANDAS Coverage Mandate	SB 101 Fine (Gong- Gershowitz)	Provides that no group or individual policy of accident and health insurance or managed care plan shall deny or delay coverage for medically necessary treatment because the insured, enrollee, or beneficiary previously received any treatment, including the same or similar treatment, for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections or pediatric acute onset neuropsychiatric syndrome, or because the insured, enrollee, or beneficiary has been diagnosed with or receives treatment for an otherwise diagnosed condition. Provides that coverage of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall adhere to the treatment recommendations developed by a medical professional consortium convened for the purposes of researching, identifying, and publishing best practice standards for diagnosis and treatment of such disorders or syndrome that are accessible for medical professionals and are based on evidence of positive patient outcomes. Provides that coverage for any form of medically necessary treatment shall not be limited over a lifetime of an insured, enrollee, or beneficiary, unless the patient is no longer benefiting from the treatment, or by policy period.	Neutral (negotiated in previous General Assembly)	SENATE Passed Both Houses
ALL	Insurance Business Transfer Act	SB 0762 (SFA 0001) Cunningham (Jones) Swapped for SB 1961	(AMENDMENT ADOPTED) Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Changes the definition of "insolvent company" to include any company which has assumed or has been allocated a policy obligation through an approved insurance business transfer plan. Provides that the fee for filing an insurance business transfer plan is \$25,000. Creates the Insurance Business Transfers Article of the Illinois Insurance Code and provides that the Article may be cited as the Insurance Business Transfers Law. Sets forth provisions concerning notice requirements, application procedure, application to a court for approval of a plan, approval and denial of insurance business transfer plans, and fees and costs. Provides that the Department of Insurance may adopt rules that are consistent with the provisions. Provides that	Monitor	SENATE Passed Both Houses

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			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
		<u>(SFA 0001)</u>	Replaces everything after the enacting clause. Creates the Vision Care		Passed Both
		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		
			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-		
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			of-network source or supplier of vision care materials to an enrollee		
			shall provide written notice to the enrollee stating that the source or		
			supplier is an out-of-network laboratory or supplier of vision care		
			materials, and any business interest the eye care provider has in the		
			out-of-network source or supplier recommended to the enrollee.		
			Provides that an eye care provider is required to offer an enrollee in-		
			network sources or suppliers of vision care materials at the enrollee's		
			request. Provides that the terms, fees, discounts, or reimbursement		
			rates in a vision care plan may not be changed during the term of the		
			contract unless mutually agreed to in writing by the eye care provider		
			and the vision care organization. Provides that a change proposed to a		
			vision care plan by the vision care organization shall become effective if		
			the eye care provider fails to respond to the vision care organization		
			within 60 days after receipt of notice of the proposed changes. Provides		
			that the terms of a vision care plan contract that is amended, delivered,		
			issued, or renewed after the effective date of the Act shall comply with		
			the provisions. Provides that a vision care plan may enter into an		
			agreement with a health care plan to deliver routine vision care		
			services that are covered under the enrollee's plan. Provides that a		
			vision care plan may act as a network regarding routine vision care		
			services offered by a health care plan. Makes other changes. Amends		
			the Consumer Fraud and Deceptive Business Practices Act to provide		
			that any person who violates the Vision Care Plan Regulation Act		
			commits an unlawful practice. Effective immediately .		
Health	Liver Disease	SB 1282	Mandates coverage for preventative screening for all over 18 at high	Oppose	SENATE
	Benefit	Simmons	risk for liver disease without cost sharing.		Passed Both
	Coverage	(Huynh)	<u>SB 1282 (SFA 0001)</u> (ADOPTED)		Houses
	Mandate		Replaces everything after the enacting clause. Reinserts the provisions	Neutral with	
			of the introduced bill with the following changes. Provides that a group	Amendment #1	
			or individual policy of accident and health insurance or a managed care		
			plan that is amended, delivered, issued, or renewed on or after January		
			1, 2025 (rather than the effective date of the amendatory Act) shall		
			provide coverage for preventative liver disease screenings for		
			individuals 35 years of age or older and under the age of 65 (rather		
			than for persons 18 years of age or older and under the age of 65) at		
			high risk for liver disease, including liver ultrasounds and alpha-		
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			fetoprotein blood tests every 6 months, without imposing a deductible,		
			coinsurance, copayment, or any other cost-sharing requirement on the		
			coverage provided. Provides that the provisions do not apply to		
			coverage of liver disease screenings to the extent such coverage would		
			disqualify a high-deductible health plan from eligibility for a health		
			savings account pursuant to specified federal law.		
Health	Coverage	<u>SB 1344</u>	Provides that an individual or group policy of accident and health	Neutral	SENATE
	Abortion/	Villanueva	insurance amended, delivered, issued, or renewed in the State on or		Passed Both
	hormone/ HIV	(Cassidy)	after (rather than only after) January 1, 2024 shall provide coverage for		Houses
			all abortifacients, hormonal therapy medication, human		
			immunodeficiency virus pre-exposure prophylaxis and post-exposure		
			prophylaxis drugs approved by the United States Food and Drug		
			Administration, and follow-up services related to that coverage.		
			Effective immediately.		
			This is a trailer bill with corrected language.		
			<u>SB 1344 (SFA 0001) (TABLED)</u>	No position	
			Amends the Pharmacy Practice Act. Provides that in accordance with a	change/Neutral	
			standing order by the Department of Public Health, a pharmacist may		
			provide patients with prophylaxis drugs for human immunodeficiency		
			virus pre-exposure prophylaxis or post-exposure prophylaxis.		
			<u>SB 1344 (SFA 0002)</u> (ADOPTED)	No position	
			Replaces everything after the enacting clause. Amends the Illinois	change/Neutral	
			Insurance Code. Provides that an individual or group policy of accident	_	
			and health insurance amended, delivered, issued, or renewed in the		
			State on or after (rather than only after) January 1, 2024 shall provide		
			coverage for all abortifacients, hormonal therapy medication, human		
			immunodeficiency virus pre-exposure prophylaxis, and post-exposure		
			prophylaxis drugs approved by the United States Food and Drug		
			Administration, and follow-up services related to that coverage.		
			Provides that this coverage shall include drugs approved by the United		
			States Food and Drug Administration that are prescribed or ordered for		
			off-label use as abortifacients. Amends the Nurse Practice Act and the		
			Physician Assistant Practice Act of 1987. In a provisions concerning		
			temporary permits for specified health care professionals, provides that		
			if the Department of Financial and Professional Regulation becomes		
			aware of a violation occurring at a facility licensed by the Department		

			of Public Health (rather than a licensed hospital, medical office, clinic, or other medical facility, or via telehealth service) the Department of Financial and Professional Regulation shall notify the Department of Public Health. Amends the Pharmacy Practice Act. Provides that in accordance with a standing order by the Department of Public Health, a pharmacist may provide patients with prophylaxis drugs for human immunodeficiency virus pre-exposure prophylaxis or post-exposure prophylaxis. Amends the Abortion Care Clinical Training Program Act and the Freedom of Information Act. Provides that all program performance reports received by the Department of Public Health concerning the Abortion Care Clinical Training Program shall be treated as confidential and exempt from the Freedom of Information Act. Effective immediately		
All	Stock Division	SB 1494 Harris (Jones, T.)	In provisions concerning plan of division approval, provides that any decision by the Director of Insurance on whether or not to hold a public hearing on either a plan of division or an amended plan of division may be made independently by the Director. Provides that if a dividing company amends its plan of division at any time before the plan of division becomes effective, then the dividing company shall file 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 .	Monitor	SENATE Passed Both Houses
Life	Public Adjusters	<u>SB 1495</u> Harris (Jones, T)	Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a misdemeanor involving dishonesty or fraud (rather than a felony or misdemeanor involving dishonesty or fraud), shall consider any	Monitor	SENATE Passed Both Houses

mitigating factors and evidence of rehabilitation contained in the applicant's record to determine if a license may be denied. Provides that the Director may place on probation, suspend, revoke, deny, or refuse to issue or renew a public adjuster's license or may levy a civil penalty for having been convicted of any felony or a misdemeanor involving dishonesty or fraud (rather than a felony or misdemeanor involving dishonesty or fraud, and failing to comply with specified provisions concerning associated contractors. Provides that an applicant's surety bond or irrevocable letter of credit shall be in the minimum amout of 550,000 (rather than 520,000). Provides that a nemail address and a scope of damages. Sets forth language required to be contained in a written disclosure provided to the insured. Provides that a public adjusters shall ensure that all contracts for their services contain a nemail address and a scope of damages. Sets forth provisions concerning associated contractors. Makes other changes. Sise 1495 (SCA 0001) (ADOPTED) Replaces everything difer the enacting clause. Reinserts the provision of the instrued the insure of his surhorized representative for receiving notice of loss or damage with an exact copy of the contract twith the insured by email with a 2 business days after execution of the contract (rother than by email with a 2 business days after excuted that a contract sholl be voidable for 5 business days after excuted adjusters, provides that a public adjuster shell not act in the place and linsed and the insure of the contract (or public adjusters, provides that a public adjuster shell contract to the provision of the amended bill with the following changes. Further amends the lilinois insurance Code. Provides that all contracts there of the to the shell dis distored the insure of the sure or dister into that are in violation of provisions concerning public adju	LIND OF SFILING S	L331011 - 2023 - 1	LED PASSED BUTH HOUSES & PUBLIC ACT		
that the Director may place on probation, suspend, revoke, deny, or refuse to issue or renew a public adjuster's license or may levy a civil penalty for having been convicted of any felony or a misdemeanor involving dishonesty or fraud (rather than a felony or misdemeanor involving dishonesty or fraud, and faling to comply with specified provisions concerning associated contractors. Provides that an applicant's surety bond or irrevocable letter of credit shall be in the minimum amount of \$50,000 (rather than \$20,000). Provides that public adjusters shall ensure that all contracts for their services contain an email address and a scope of damages. Sets forth language required to be contained in a written disclosure provided to the insured. Provides that a public adjuster may provide emergency services before a written contract with the insured has been executed. Sets forth provisions concerning associated contractors. Makes other changes. SE 1495 (SEA 0001) (ADOPTED) Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a public adjuster shall provide the insurer or its suthorized representative for receiving notice of loss or damage with an exact copy of the contract twith the insured by email after execution of the contract. Notices that a public adjuster shall not act in the place and instead of the insured. SE 1495 (SEA 0002) (ADOPTED) Replaces everything after the enacting clause. Reinserts the provisions of the amended bill with the following changes. Further camp has been received by the insurer (rather than for 5 business days after execution of the contract (rather than by enail after execution of public adjusters, provides that a public adjuster shall not act in the place and instead of the insured. SE 1495 (SEA 0002) (ADOPTED) Replaces everything after the enacting clause. Reinserts the			mitigating factors and evidence of rehab	ilitation contained in the	
refuse to issue or renew a public adjuster's license or may levy a civil penalty for having been convicted of any felony or misdemeanor involving dishonesty or fraud (rather than a felony or misdemeanor involving dishonesty or fraud), and failing to comply with specified provisions concerning associated contractors. Provides that an applicant's surety bond or irrevocable letter of credit shall be in the minimum amount of \$50,000 (rather than \$20,000). Provides that public adjusters shall ensure that all contracts for their services contain an email address and a scope of damages. Sets forth language required to be contained in a written disclosure provided to the insured. Provides that a public adjuster may provide emergency services before a written contract with the insured nas been executed. Sets forth provisions concerning associated contractors. Makes other changes. SB: 1495 (SCA 0001) (ADOPTED) Replaces everything after the enacting clause. Reinserts the provision of the insured by email ofter execution of the contract with the insure dy email within 2 business days after execution. In provisions concerning standards of conduct of public adjuster shall be voidable for 5 business days after execution, In provisions concerning standards of of abuics of the insured SB: 1495 (SFA 0002) (ADOPTED) Replaces everything after the enacting clause. Reinserts the provisions of the insured but a bub coldable of of business days after execution. In provisions concerning standards of conduct of public adjusters, provides that a public adjuster shall not act in the place and instead of the insured. SB: 1495 (SFA 0002) (ADOPTED) Replaces everything after the enacting clause. Reinserts the provisions of the amended bill with the following changes. Further anders the ullinois fluxence. Coel. Provides that all contracts entered into that are in violation of provisions concerning public adjuster and an insured are void and hondid. In provisions concerning public adjuster			applicant's record to determine if a licen	se may be denied. Provides	
penalty for having been convicted of any felony or a misdemeanor involving dishonesty or fraud, and failing to comply with specified provisions concerning associated contractors. Provides that an applicant's surety bond or irrevocable letter of credit shall be in the minimum amount of \$50,000 (rather than \$20,000). Provides that public adjusters shall ensure that all contracts for their services contain an email address and a scope of damages. Sets forth language required to be contained in a written disclosure provided to the insured. Provides that a public adjuster may provide emergency services before a written contract with the insured has been executed. Sets forth provisions concerning associated contractors. Makes other changes. SB: 1495 (SCA 00011 (ADOPTED) Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Further and the following changes. For year that a contract shall be voidable for 5 business days after the contract (rather than by email within 2 business days after the copy has been received by the insurer (rather than for business days after the envisions concerning standards of conduct of public adjusters, provides that a public adjuster shall not act in the place and instead of the insured. SB: 1495 (SFA 0002) (ADOPTED)No position change/MonitorReplaces everything after the enacting clause. Reinserts the provisions of the amended bill with the following changes. Further anneds the limited instrumed. Cell. Provides that all contracts entered into that are in violation of provisions concerning public adjuster and and instead or provisions concerning public adjuster and and instead are void and involid. In provisions concerning public adjusterNo position			that the Director may place on probation	n, suspend, revoke, deny, or	
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			fees, provides that if the loss giving rise t	o the claim for which the	

END OF SPRING S	2025 -	DILLED PASSED	BUTH HOUSES & PUBLIC ACT		1
			public adjuster was retained arises from damage to property that is		
			anything but a personal residence, a public adjuster may not charge,		
			agree to, or accept any compensation, payment, commission, fee, or		
			other valuable consideration in excess of 10% of the amount of the		
			insurance settlement claim paid by the insurer on any claim resulting		
			from a catastrophic event, unless approved in writing by the Director of		
			Insurance. Provides that if the loss giving rise to the claim for which the		
			public adjuster was retained arises from damage to a personal		
			residence, a public adjuster may not charge, agree to, or accept any		
			compensation, payment, commissions, fee, or other valuable		
			consideration in excess of 10% of the amount of the insurance		
			settlement claim paid by the insurer on any claim. Provides that a		
			public adjuster shall provide the insurer or its authorized representative		
			for receiving notice of loss or damage with an exact copy of the		
			contract with the insured by email no later than 5 business days after		
			execution of the contract (rather than by email after execution of the		
			contract). Removes language providing that a public adjuster shall not		
			act in the place and instead of the insured. Removes provisions		
			concerning associated contractors, scope of damages, and written		
			disclosures. Makes other changes		
Health	Mandate	SB 1527	Amends the Illinois Insurance Code to provide that a group or individual	Oppose	SENATE
	Compression	Ellman	policy of accident and health insurance or managed care plan that is		Passed Both
	Sleeves	(Gill)	amended, delivered, issued, or renewed on or after January 1, 2024	No position	Houses
			shall provide coverage for compression sleeves. Makes conforming	change/Oppose	
			changes in the State Employees Group Insurance Act of 1971, the		
			Counties Code, the Illinois Municipal Code, the School Code, the Health		
			Maintenance Organization Act, the Limited Health Service Organization		
			Act, the Voluntary Health Services Plans Act, and the Medical		
			Assistance Article of the Illinois Public Aid Code.Mandates		
				Neutral with	
				Amendment #2	
			insurance or a managed care plan that is amended, delivered, issued,		
			or renewed on or after January 1, 2024 shall provide coverage for		
			compression sleeves that is medically necessary for the enrollee to		
			prevent or mitigate lymphedema (rather than only coverage for		
			compression sleeves).		
			Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code.Mandates <u>SB1527 (SCA1)</u> (ADOPTED) Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for compression sleeves that is medically necessary for the enrollee to prevent or mitigate lymphedema (rather than only coverage for		

ILHIC Key Bill

			<u>SB 1527 (SFA 0002)</u> (ADOPTED)		
			Provides that a group or individual policy of accident and health		
			insurance or a managed care plan that is amended, delivered, issued,		
			or renewed on or after January 1, 2025 (rather than January 1, 2024)		
			shall provide coverage for compression sleeves that is medically		
			necessary for the enrollee to prevent or mitigate lymphedema.		
Health	Preventative	<u>SB 1561</u>	(AMENDMENT ADOPTED) (SENATE CONCURS)	Monitor	SENATE
	Health	<u>(HFA 0001)</u>	Replaces everything after the enacting clause. Changes the effective		Passed Both
	Services	Villaneuva	date of the Abortion Care Clinical Training Program Act to January 1,		Houses
		(Cassidy)	2025 (rather than effective immediately). Amends the Criminal		
			Identification Act. Changes the definition of "lawful health care".		
			Amends the Accident and Health Article of the Illinois Insurance Code.		
			Sets forth provisions concerning coverage of preventive health services.		
			Makes conforming changes in the State Employees Group Insurance		
			Act of 1971, the Counties Code, the Illinois Municipal Code, the School		
			Code, the Health Maintenance Organization Act, and the Voluntary		
			Health Services Plans Act. Amends the Medical Practice Act of 1987.		
			Sets forth provisions concerning postgraduate training exemption		
			periods and visiting rotations. Makes other changes. Effective		
			immediately.		
Life	Disability	<u>SB 1568</u>	Provides that every insurer that amends, delivers, issues, or renews a	Oppose	SENATE
	Income Parity	Morrison	group or individual policy or certificate of disability insurance or		Passed Both
		(Morgan)	disability income insurance shall ensure parity for the payment of		Houses
			mental, emotional, nervous, or substance use disorders or conditions.		
			Changes the definition of "treatment limitation" to include benefit		
			payments under disability insurance or disability income insurance.		
			<u>SB 1568 (SCA 0001)</u> (ADOPTED)	Neutral with	
			Replaces everything after the enacting clause. Amends the Illinois	Amendment #1	
			Insurance Code. Provides that the Department of Insurance shall collect		
			specified information regarding disability employment insurance plans		
			and the Department shall present its findings to the General Assembly		
			no later than April 30, 2024. Effective immediately.		
			<u>SB 1568 (SFA 0002)</u> (ADOPTED)		
			Replaces everything after the enacting clause. Amends the Illinois	No position	
			Insurance Code. Provides that the Department of Insurance shall collect	change/Neutral	
		1	specified information concerning disability insurance plans and	-	1

		limitations on mental health and substance use disorder benefits. Provides that the Department shall present its findings regarding information collected under the provisions to the General Assembly no		
		later than April 30, 2024. Provides that information regarding a specific insurance provider's contributions to the Department's report is exempt from disclosure under a specified provision of the Freedom of Information Act.		
JCAR Rulemaking	SB 1875 Cunningham Spain	Amends the Illinois Administrative Procedure Act. In provisions concerning general, emergency, and peremptory rulemaking, specifies that State agencies shall accept submissions in writing, including submissions by email, and may, in their discretion, accept oral submissions. Requires each summary in a regulatory agenda to contain, among other things, the email address of the agency representative who is knowledgeable about the rule. Amends the Uniform Electronic Transactions Act. Requires the Department of Innovation and Technology and the Secretary of State to adopt specified administrative rules concerning electronic records no later than 6 months after the effective date of the amendatory Act. <i>Effective immediately.</i> SB 1875 (HCA 0001) (TABLED) In provisions relating to submissions of data, views, arguments, or comments from interested persons, provides that submissions may be made by email or by other publicly accessible electronic means through the State agency's website (rather than only by email) and that notice published in the Illinois Register shall indicate the manner selected by the agency for the submissions of data, views, arguments, or comments from interested persons, including email address or website address (rather than only the email address). SB 1875 (HFA 0002) (ADOPTED) (SENATE CONCURS) In provisions relating to submissions of data, views, arguments, or comments from interested persons, provides that submissions may be made by email or by other publicly accessible electronic means through the State agency's website (rather than only by email) and that notice published in the Illinois Register shall indicate the manner selected by the agency for the submissions, provides that submissions may be made by email or by other publicly accessible electronic means through the State agency's website (rather than only by email) and that notice published in the Illinois Register shall indicate the manner selected by the agency for the submissions, including email address or website address (rather th	Monitor	SENATE Passed Both Houses

Health	Telehealth	<u>SB 1913</u>	Amends the Medical Assistance Article of the Illinois Public Aid Code.	Monitor	SENATE
	Services	Fine	Provides that the medical assistance program shall be subject to		Passed Both
		(Douglass)	provisions of the Illinois Insurance Code concerning telehealth services.		Houses
			<u>SB 1913 (SFA 0001)</u> (ADOPTED)	No position	
			Replaces everything after the enacting clause. Amends the Medical	change/Monitor	
			Assistance Article of the Illinois Public Aid Code. Provides that the		
			Department of Healthcare and Family Services and any managed care		
			plans under contract with the Department for the medical assistance		
			program shall provide for coverage of mental health and substance use		
			disorder treatment or services delivered as behavioral telehealth		
			services; and that the Department and any managed care plans under		
			contract with the Department for the medical assistance program may		
			also provide reimbursement to a behavioral health facility that serves		
			as the originating site at the time a behavioral telehealth service is		
			rendered. Sets forth provisions concerning coverage of mental health		
			and substance use disorder telehealth services. Provides that the		
			Department may adopt rules to implement the provisions.		
Health	Prosthetic	<u>SB 2195</u>	Provides that with respect to an enrollee at any age, in addition to	Oppose	SENATE
	Device	Gillespie	coverage of a prosthetic or custom orthotic device, benefits shall be		Passed Both
		(Guzzardi)	provided for a prosthetic or custom orthotic device determined by the		Houses
			enrollee's provider to be the most appropriate model that is medically		
			necessary for the enrollee to perform physical activities, as applicable,		
			such as running, biking, swimming, and lifting weights, and to		
			maximize the enrollee's whole body health and strengthen the lower		
			and upper limb function. Provides that the requirements of the		
			provisions do not constitute an addition to the State's essential health		
			benefits that requires defrayal of costs by the State pursuant to		
			specified federal law.		
			<u>SB 2195 (SCA 0001)</u> (ADOPTED)	Neutral with	
			Adds a January 1, 2025 effective date.	Amendment #1	