

HOUSE BILLS					
Product Line	Bill "Nickname"	Bill Number/Link	Bill Description/Action	ILHIC Position	Status
Life	Felony Underwriting	HB 1068 Mayfield	<p>Provides that an insurer or producer authorized to issue policies of insurance in the State may not make a distinction or otherwise discriminate between persons, reject an applicant, cancel a policy, or demand or require a higher rate of premium for reasons based solely upon the basis that an applicant or insured has been convicted of a felony.</p> <p>HB 1068 (HCA 1) (TABLED) <i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that with respect to life insurance final expense policies, no life company authorized to issue those policies in the State shall refuse to insure, refuse to continue to insure, limit the amount, extent, or kind of coverage available to, or charge an individual a different rate for the same coverage solely on the basis that an insured or applicant has been convicted of a felony. Provides that nothing in the provisions shall be construed to require a life company to issue or otherwise provide coverage for a life insurance policy to a person who is actively incarcerated pursuant to a felony conviction. Defines "final expense policy".</i></p> <p>HB 1068 (HFA 0002) (RE-REFERRED TO RULES) <i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that with respect to life insurance final expense policies, no life company authorized to issue those policies in the State shall refuse to insure, refuse to continue to insure, limit the amount, extent, or kind of coverage available to, or charge an individual a different rate for the same coverage solely on the basis that an insured or applicant has been convicted of a felony. Provides that nothing in the provisions shall be construed to require a life company to issue or otherwise provide coverage for a life insurance policy to a person who is actively incarcerated pursuant to a felony conviction. Defines "final expense policy".</i></p>	<p>Oppose</p> <p>Neutral with Amendment #1</p> <p>No position change/Neutral</p>	HOUSE Re-Referred to Rules

Health	Health Care For All	HB 1094 Flowers	Creates the Health Care for All Illinois Act. Provides that all individuals residing in this State are covered under the Illinois Health Services Program for health insurance. Sets forth requirements and qualifications of participating health care providers. Sets forth the specific standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the program. Requires the State to establish the Illinois Health Services Trust to provide financing for the program. Sets forth the specific requirements for claims billed under the program. Provides that the program shall include funding for long-term care services and mental health services. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Provides that patients in the program shall have the same rights and privacy as they are entitled to under current State and federal law. Provides that the Commissioner, the Chief Medical Officer, the public State board members, and employees of the program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. Effective July 1, 2023.	Oppose	HOUSE Re-Referred to Rules
Life	Cemeteries	HB 3102 Andrade (Cervantes)	Defines "average fair market value", "total return percentage", and "net income". Provides that a trustee may apply to the Comptroller to establish a master trust fund in which deposits are made. Allows a cemetery authority to take distributions from its fund either by distributing ordinary income or total return distribution. Requires an application for the implementation of the total return distribution method to be submitted to the Comptroller at least 120 days before the effective date of the election to receive total return distribution. Allows, where no receiver is available, a circuit court to order a willing local municipality, township, county, or city to take over the cemetery. Repeals a provision regarding the use of care funds. HB 3102 (HCA 0001) (TABLED) <i>Replaces everything after the enacting clause with the provisions of the introduced bill, and makes the following changes: Provides that it shall be unlawful for any person to restrain, prohibit, or interfere with the</i>	Monitor No position change/Monitor	SENATE Assignments

			<p><i>burial of a decedent whose time of death and religious tenets or beliefs necessitate burial on a Sunday or legal holiday or prohibit in any manner, dedications of monuments or headstones, family visitations, or visitations to veterans' memorials on a Sunday or legal holiday. Provides that nothing in such provisions shall require any maintenance staff or burial professionals to be present on the day of such dedications. Adds an effective date of January 1, 2025.</i></p> <p><u>HB 3102 (HFA 0002)</u> (ADOPTED)</p> <p><i>Adds an effective date of January 1, 2025.</i></p>	No position change/Monitor	
Health	Medicaid Option	HB 3496 Olickal	<p>Provides that on or after the effective date of the amendatory Act, an Insurer shall allow a covered individual to purchase a health plan offered pursuant to the medical assistance program under the Illinois Public Aid Code.</p>	Oppose	HOUSE Re-referred to Rules
Health	Data Privacy Act	HB3603 Williams	<p><i>Amends the Protect Health Data Privacy Act. Provides that a regulated entity shall disclose and maintain a health data privacy policy that, in plain language, clearly and conspicuously disclosures specified information. Provides that a regulated entity shall prominently publish its health data privacy policy on its website homepage. Provides that a regulated entity shall not collect, share, sell, or store categories of health data not disclosed in the health data privacy policy without first disclosing the categories of health data and obtaining the consumer's consent prior to the collection, sharing, selling, or storing of such data. Prohibits the collection, sharing, selling, or storing of health data. Describes the regulated entity's duty to obtain consent; the consumer's right to withdraw consent; prohibitions on discrimination; prohibitions on geofencing; a private right of action; enforcement by the Attorney General; and conflicts with other laws. Makes other changes.</i></p>	Oppose	HOUSE Re-Referred to Rules
Health	Prior Authorization	HB 4055 Hauter	<p>Amends the Prior Authorization Reform Act. Changes the definition of "emergency services" to provide that for the purposes of the provisions, emergency services are not required to be provided in the emergency department of a hospital. Provides that notwithstanding any other provision of law, a health insurance issuer or a contracted utilization review organization may not require prior authorization or approval by the health plan for emergency services.</p>	Oppose	HOUSE Rules

Health	Health Data Privacy Act	HB4093 Williams	<p>Creates the Protect Health Data Privacy Act. Provides that a regulated entity shall disclose and maintain a health data privacy policy that clearly and conspicuously discloses specified information. Sets forth provisions concerning health data privacy policies. Provides that a regulated entity shall not collect, share, or store health data, except in specified circumstances. Provides that it is unlawful for any person to sell or offer to sell health data concerning a consumer without first obtaining valid authorization from the consumer. Provides that a valid authorization to sell consumer health data must contain specified information; a copy of the signed valid authorization must be provided to the consumer; and the seller and purchaser of health data must retain a copy of all valid authorizations for sale of health data for 6 years after the date of its signature or the date when it was last in effect, whichever is later. Sets forth provisions concerning the consent required for collection, sharing, and storage of health data. Provides that a consumer has the right to withdraw consent from the collection, sharing, sale, or storage of the consumer's health data. Provides that it is unlawful for a regulated entity to engage in discriminatory practices against consumers solely because they have not provided consent to the collection, sharing, sale, or storage of their health data or have exercised any other rights provided by the provisions or guaranteed by law. Sets forth provisions concerning a consumer's right to confirm whether a regulated entity is collecting, selling, sharing, or storing any of the consumer's health data; a consumer's right to have the consumer's health data that is collected by a regulated entity deleted; prohibitions regarding geofencing; and consumer health data security. Provides that any person aggrieved by a violation of the provisions shall have a right of action in a State circuit court or as a supplemental claim in federal district court against an offending party. Provides that the Attorney General may enforce a violation of the provisions as an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Defines terms. Makes a conforming change in the Consumer Fraud and Deceptive Business Practices Act</p>	Oppose	HOUSE Rules
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SENATE BILLS					
All	Illinois Work Without Fear Act	SB 0504 (SFA 0001) Aquino	<p>(AMENDMENT) – (EXECUTIVE COMMITTEE)</p> <p><i>Replaces everything after the enacting clause. Creates the Illinois Work Without Fear Act. Provides that it is unlawful for any person to engage in, or to direct another person to engage in, retaliation against any person or their family member or household member for the purpose of, or with the intent of, retaliating against any person for exercising any right protected under State employment laws or by any local employment ordinance. Sets forth the duties and powers of the Department of Labor under the Act. Allows the Attorney General to initiate or intervene in a civil action to obtain appropriate relief if the Attorney General has reasonable cause to believe that any person has violated the Act and deems it necessary to protect the rights and interests of Illinois workers. Provides that nothing in the Act shall be construed to prevent any person from making complaint or prosecuting his or her own claim for damages caused by retaliation. Allows a person who is the subject of retaliation prohibited by the Act to bring a civil action for: (1) back pay, with interest, and front pay, or, in lieu of actual damages, liquidated damages of \$30,000; (2) a civil penalty in an amount of \$10,000; (3) reasonable attorney's fees and court costs; and (4) equitable relief as the court may deem appropriate and just. Provides that a person that violates any provision of the Act shall be subject to an additional civil penalty in an amount of \$25,000 for each violation, or \$50,000 for each repeat violation within a 5-year period. Sets forth license suspension penalties for violations of the Act. Amends the Whistleblower Act. Changes the definitions of "employer" and "employee". Defines "public body", "retaliatory action", and "supervisor". Provides that an employer may not take retaliatory action against an employee who discloses or threatens to disclose information about an activity, policy, or practice of the employer that the employee has reasonable cause to believe violates a State or federal law, rule, or regulation or poses a substantial and specific danger to public health or safety. Includes additional relief, damages, and penalties for violation of the Act. Allows the Attorney General to initiate or intervene in a civil</i></p>	Monitor	SENATE Re-referred to Assignments

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

			<p><i>previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that an auditing entity must provide a copy to the plan sponsor of its claims that were included in the audit, and any recouped money shall be returned to the plan sponsor, unless otherwise contractually agreed upon by the plan sponsor and the pharmacy benefit manager. Defines terms.</i></p> <p><u>SB 0757 (HCA 0001)</u> (RE-REFERRED TO RULES)</p> <p><i>In the definition of "audit", changes a reference from "pharmacist service" to "pharmacist or pharmacy service". Changes references from "fraud, waste, or abuse" to "fraud or knowing and willful misrepresentation".</i></p>	No position change/Neutral	
All	Dental Reimbursement	<u>SB 1289</u> Fine (Gong-Gershowitz)	<p>Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. <i>Effective immediately.</i></p>	Oppose	HOUSE Re-Referred to Rules

		<p>SB 1289 (SFA 0001) (ADOPTED) <i>Provides that fees incurred directly by a dental care provider from third parties related to transmitting an automated clearing house network claim, transaction management, data management, or portal services and other fees charged by third parties that are not in the control of the dental plan carrier shall not be prohibited by the provisions.</i></p> <p>SB 1289 (HCA 0001) (TABLED) <i>Replaces everything after the enacting clause. Reinserts the provisions of the engrossed bill with the following changes. Creates the Dental Loss Ratio Act. Sets forth provisions concerning dental loss ratio reporting. Provides that a health insurer or dental plan carrier that issues, sells, renews, or offers a specialized health insurance policy covering dental services shall, beginning January 1, 2024, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act. Provides that the Act does not apply to an insurance policy issued, sold, renewed, or offered for health care services or coverage provided as a function of the State of Illinois Medicaid coverage for children or adults or disability insurance for covered benefits in the single specialized area of dental-only health care that pays benefits on a fixed benefit, cash payment-only basis. Defines terms. Amends the Dental Service Plan Act. Provides that dental service plan corporations and all persons interested therein or dealing therewith shall be subject to the Insurance Holding Company Systems Article of the Illinois Insurance Code. Provides that a dental service plan corporation shall not disburse during any one year (rather than shall not disburse during any one year, except upon the approval of the Director of Insurance) a sum greater than 20% of payments received from subscribers during that year as administrative expenses. Effective January 1, 2024.</i></p> <p>SB 1289 (HCA 0002) (ADOPTED) <i>Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Makes a technical change in a Section concerning the short title.</i></p>	<p>Neutral with Amendment #1</p> <p>Oppose</p> <p>Monitor</p>	
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<p>ALL</p>	<p>Vision Care</p>	<p>SB 1540 (SCA 0001) Castro</p>	<p>(AMENDMENT) (ASSIGNMENTS) <i>Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that no vision care organization may issue a contract that requires an eye care provider, as a condition of participation in the vision care plan (rather than only requires an eye care provider), to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Provides that fees paid for materials supplied by a non-network lab are not required to be identical to fees paid for materials ordered through a network lab, but non-network lab fees shall be reasonable. Provides that a vision care organization and its officers, directors, agents, and employees are subject to specified laws. Provides that at the request of an enrollee, an eye care provider recommending an out-of-network source or supplier of vision care materials to an enrollee shall provide written notice to the enrollee stating that the source or supplier is an out-of-network laboratory or supplier of vision care materials, and any business interest the eye care provider has in the out-of-network source or supplier recommended to the enrollee (rather than shall provide written notice thereof). Provides that an eye care provider is required to offer an enrollee in-network sources or suppliers of vision care materials at the enrollee's request. Provides that the terms, fees, discounts, or reimbursement rates in a vision care plan may not be changed during the term of the contract (rather than only may not be changed) unless mutually agreed to in writing by the eye care provider and the vision care organization. Provides that a change proposed to a vision care plan by the vision care organization shall become effective if the eye care provider fails to respond to the vision care organization within 60 days after receipt of notice of the proposed changes. Provides that the terms of a vision care plan contract that is amended, delivered, issued, or renewed after the effective date of the Act shall comply with the provisions. Provides that a vision care plan may enter into an agreement with a health care plan to deliver routine vision care services that are covered under the enrollee's plan. Provides that a vision care plan may act as a network regarding routine vision care services offered by a health care plan. Removes provisions concerning</i></p>	<p>Neutral</p>	<p>SENATE Re-referred to Assignments</p>
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			<i>misrepresentation and provisions concerning injunctive relief. Makes other changes. Adds an immediate effective date.</i>		
Health	Infertility coverage	SB 2572 Castro	<i>Amends the Illinois Insurance Code. In provisions concerning infertility coverage, provides that no group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits may be issued, amended, delivered, or renewed in the State on or after January 1, 2024 unless the policy contains coverage for the diagnosis and treatment of infertility, including procedures necessary to screen or diagnose a fertilized egg before implantation. Provides that coverage for procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if the procedures comply with specified requirements. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide, for individuals 45 years of age and older, coverage for an annual menopause health visit. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for all types of injectable medicines prescribed on-label or off-label to improve glucose or weight loss for use by adults diagnosed or previously diagnosed with prediabetes, gestational diabetes, or obesity. Makes other changes. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. Effective immediately</i>	Oppose	SENATE Assignments
Health	Cancer Coverage/ Wigs	SB 2573 Harris, N	<i>Amends the Accident and Health Article of the Illinois Insurance Code. Provides that a group or individual plan of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide coverage for wigs or other scalp prostheses worn for hair loss caused by alopecia, chemotherapy, or radiation treatment for cancer or other conditions. Makes a conforming change in the Health Maintenance</i>	Oppose	SENATE Assignments

ILHIC Key Bill

END OF SPRING SESSION - 2023 – (NOT PASSED BOTH HOUSES)

			<i>Organization Act and the Voluntary Health Services Plans Act. Effective immediately.</i>		
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