			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	PUBLIC ACT 103-0113 EFFECTIVE: 6/30/23
Health	Health Care Workforce Reinforcement Act	HB 0559 (HFA 0002) Morgan (Glowiak- Hilton)	(AMENDMENT TABLED) Replaces everything after the enacting clause. Provides that the amendatory Act may be referred to as the Health Care Workforce Reinforcement Act. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that any person who was issued a temporary out-of-state permit or temporary reinstatement permit by the Department of Financial and Professional Regulation in response to the COVID-19 pandemic may continue to practice under his or her temporary out-of-state permit if he or she submits an application for licensure by endorsement to the Department on or before May 11, 2023. Provides for license application requirements for holders of temporary out-of-state permits or temporary reinstatement permits in specified professions. Amends the	Oppose	PUBLIC ACT 103-0001 EFFECTIVE 4/27/23

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

HB 0559 (HFA 0003) (ADOPTED)

Replaces everything after the enacting clause. Provides that the amendatory Act may be referred to as the Health Care Workforce Reinforcement Act. Amends the Department of Professional Regulation

Neutral with Amendment #3 Law of the Civil Administrative Code of Illinois. Provides that any person who was issued a temporary out-of-state permit or temporary reinstatement permit by the Department of Financial and Professional Regulation in response to the COVID-19 pandemic may continue to practice under his or her temporary out-of-state permit if he or she submits an application for licensure by endorsement to the Department on or before May 11, 2023. Provides for license application requirements for holders of temporary out-of-state permits or temporary reinstatement permits in specified professions. Amends the Assisted Living and Shared Housing Act, the Nursing Home Care Act, the MC/DD Act, the ID/DD Community Care Act, and the Specialized Mental Health Rehabilitation Act of 2013. Provides that, during a statewide public health emergency, the Department of Public Health and the Department of Human Services may take specified actions pertaining to inspections within an appropriate time frame to the extent feasible. Provides that probationary and provisional licenses may be extended for an additional 120 if requested and approved by the Department, Amends the Medical Practice Act of 1987, Provides that during a public health emergency, any provision of the Act that would prevent a physician licensed to practice medicine in all of its branches under the Act from delegating any and all authority prescribed to the physician by law to international medical graduate physicians who are working in response to the public health emergency declared by the Governor are suspended. Defines "international medical graduate physician". Amends the Radiation Protection Act of 1990. Provides that during a public health emergency, provisions that limit the validity of industrial radiography certifications to 5 years and industrial radiography trainee certifications to 2 years shall be suspended. Amends the Pharmacy Practice Act. Provides that the "practice of pharmacy" includes vaccination of patients 7 years of age and older for COVID-19 or influenza subcutaneously, intramuscularly, or orally; administration of COVID-19 therapeutics subcutaneously, intramuscularly, or orally; and ordering and administration of tests and screenings for (i) influenza, SARS-COV 2, and other emerging and existing public health threats. Provides that a registered pharmacy technician or student pharmacist may administer COVID-19

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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.		
			<u>HB 0559 (HFA 0004)</u> (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	0-7	
			the coverage of pharmacy testing, screening, vaccinations, and		
			treatment.		
Health	State Based	HB 0579	(AMENDMENT TABLED)	Oppose	PUBLIC ACT
	Exchange	(HFA 0001)	Replaces everything after the enacting clause. Amends the Illinois		103-0103
		Gabel	, , , , , , , , , , , , , , , , , , , ,		
		Gabei	Health Benefits Exchange Law, Provides that the Department of		
		(Gillespie)	Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a State-		FFFFCTIVF:
			Insurance shall operate the Illinois Health Benefits Exchange as a State-		EFFECTIVE: 6/27/23
			Insurance shall operate the Illinois Health Benefits Exchange as a State- based exchange using the federal platform by plan year 2025 and as a		<i>EFFECTIVE:</i> 6/27/23
			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		
			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		
			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		
			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		
			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		
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			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		
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Benefits Exchange Fund shall be the repository for moneys collected pursuant to fees or assessments on exchange issuers, federal financial participation as appropriate, and other moneys received as grants or otherwise appropriated for the purposes of supporting health insurance outreach, enrollment efforts, and plan management operations through an exchange. Provides that the Chief Operating Officer of the Exchange shall be subject to confirmation by the Senate. Amends the Illinois Administrative Procedure Act to provide for specified emergency rulemaking. Effective immediately.

HB 0579 (HFA 0002) (TABLED)

Replaces everything after the enacting clause. Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a Statebased exchange using the federal platform by plan year 2025 and as a State-based exchange by plan year 2026. Provides that, except where inconsistent with State law, the Department shall enforce health plan coverage requirements under the federal Patient Protection and Affordable Care Act that apply to the individual and small group markets. Provides that the Director of Insurance may elect to add a small business health options program to the Illinois Health Benefits Exchange. Provides that the General Assembly shall appropriate funds to establish the Illinois Health Benefits Exchange. Provides that issuers must remit an assessment in monthly installments to the Department. Sets forth provisions concerning State medical assistance program coordination and provisions concerning the authority of the Department of Insurance and the Department of Healthcare and Family Services. Creates the Illinois Health Benefits Exchange Fund, to be held by the Department of Insurance. Provides that the Chief Operating Officer of the Exchange shall be subject to confirmation by the Senate. Amends the Illinois Administrative Procedure Act to provide for specified emergency rulemaking. Sets forth provisions creating the Illinois Health Benefits Exchange Advisory Committee. Effective immediately.

HB 0579 (HFA 0003) (ADOPTED)

Replaces everything after the enacting clause. Amends the Department of Insurance Law. Sets forth provisions concerning the Marketplace

No position change/Oppose

Neutral

END OF SPRING SESSION – 2023 – PUBLIC ACTS (As of August 4, 2023)

Director of the Illinois Health Benefits Exchange. Amends the Illinois Procurement Code. Sets forth provisions concerning an exemption regarding any procurements necessary for the Department of Insurance to implement the Illinois Health Benefits Exchange Law. Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a State-based exchange using the federal platform by plan year 2025 and as a State-based exchange by plan year 2026. Provides that, except where inconsistent with State law, the Department shall enforce health plan coverage requirements under the federal Patient Protection and Affordable Care Act that apply to the individual and small group markets. Provides that the Director of Insurance may elect to add a small business health options program to the Illinois Health Benefits Exchange. Provides that the General Assembly shall appropriate funds to establish the Illinois Health Benefits Exchange. Provides that issuers must remit an assessment in monthly installments to the Department. Sets forth provisions concerning State medical assistance program coordination and provisions concerning the authority of the Department of Insurance and the Department of Healthcare and Family Services. Creates the Illinois Health Benefits Exchange Fund. Sets forth provisions creating the Illinois Health Benefits Exchange Advisory Committee. Makes a conforming change in the State Finance Act. Effective immediately.

HB 0579 (HFA 0004) (ADOPTED)

Replaces everything after the enacting clause. Amends the Department of Insurance Law. Sets forth provisions concerning the Marketplace Director of the Illinois Health Benefits Exchange. Amends the Illinois Procurement Code. Sets forth provisions concerning an exemption regarding any procurements necessary for the Department of Insurance to implement the Illinois Health Benefits Exchange Law. Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a State-based exchange using the federal platform by plan year 2025 and as a State-based exchange by plan year 2026. Provides that, except where inconsistent with State law, the Department shall enforce health plan coverage requirements under the federal Patient

No position change/Neutral

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			Protection and Affordable Care Act that apply to the individual and		
			small group markets. Provides that the Director of Insurance may elect		
			to add a small business health options program to the Illinois Health		
			Benefits Exchange. Provides that the General Assembly shall		
			appropriate funds to establish the Illinois Health Benefits Exchange.		
			Provides that issuers must remit an assessment in monthly installments		
			to the Department. Sets forth provisions concerning State medical		
			assistance program coordination and provisions concerning the		
			authority of the Department of Insurance and the Department of		
			Healthcare and Family Services. Creates the Illinois Health Benefits		
			Exchange Fund. Sets forth provisions creating the Illinois Health		
			Benefits Exchange Advisory Committee. Makes a conforming change in		
			the State Finance Act. Effective immediately.		
			HB 0579 (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		
			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	HB 1186	Amends the Health Maintenance Organization Act. Provides that the	Support	PUBLIC ACT
		Croke	powers of a health maintenance organization include the voluntary use		103-0104
		(Fine)	of a referral system for enrollees to access providers under contract		
			with or employed by the health maintenance organization. Provides		EFFECTIVE:
			that the provisions shall not be construed as requiring the use of a		1/1/24
			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		
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			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	<u>HB 1364</u>	(AMENDMENT ADOPTED) (HOUSE CONCURS)	Support	PUBLIC ACT
	Working	(SFA 0001) Guzzardi	Amends the Illinois Insurance Code. Provides that an insurer that		103-0105
	Group Task	(Fine)	amends, delivers, issues, or renews a group or individual policy of		
	Force	(1.11.0)	accident and health insurance or a qualified health plan offered		EFFECTIVE:
			through the health insurance marketplace in the State providing		6/27/23
			coverage for hospital or medical treatment and for the treatment of		
			mental, emotional, nervous, or substance use disorders or conditions		
			shall submit an annual report, the format and definitions for which will		
			be determined (rather than developed) by the Department of Insurance		
			and the Department of Healthcare and Family Services (rather than a		
			workgroup) and posted on their respective websites, starting on		
			September 1, 2023 and annually thereafter, (rather than on or before		
			July 1, 2020) that contains specified information. Removes provisions		
			concerning a workgroup convened by the Department of Insurance and		
			the Department of Healthcare and Family Services to provide		
			recommendations to the General Assembly on health plan data		
			reporting requirements.		
			HB 1364 (SFA 0002) (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 unit in any areas served by pre-arrest		
			or pre-booking case management. Requires the Statewide Advisory		
			Committee to continue to meet until the Act has been fully		
			implemented and mobile mental health relief providers are available in		

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			all parts of Illinois, and allows the Division of Mental Health to reconvene the Statewide Advisory Committee at its discretion after full		
			implementation of the Act. Provides that, if no person is willing or		
			available to fill a member's seat for one of the required areas of		
			representation on a Regional Advisory Committee, the Secretary of		
			Human Services shall adopt procedures to ensure that a missing area of		
			representation is filled once a person becomes willing and available to		
			fill that seat. Requires the Division of Mental Health to establish a clear		
			plan and regular courses of action to engage, recruit, and sustain areas		
			of established participation. Requires each Regional Advisory		
			Committee to identify regional resources and supports for use by the		
			mobile mental health relief providers as they respond to the requests		
			for services. Provides that each 9-1-1 PSAP and emergency service		
			dispatched through a 9-1-1 PSAP must begin coordinating its activities		
			with the mobile mental and behavioral health services established by		
			the Division of Mental Health once specified conditions are met, but not		
			later than July 1, 2024 (rather than July 1, 2023). Requires the Division		
			of Mental Health to submit a report to the General Assembly on or		
			before July 1, 2023 and on a quarterly basis thereafter on its progress		
			in implementing the Act. Makes other changes.		
Health	Reconstructive	HB 1384	Provides that a group or individual policy of accident and health	Neutral	PUBLIC ACT
	Services	Cassidy	insurance that is amended, delivered, issued, or renewed on or after		103-0123
	Domestic	(Cappel)	January 1, 2025 may not deny coverage for medically necessary		
	Violence		reconstructive services that are intended to restore physical		EFFECTIVE:
	Mandate		appearance. Amends the Medical Assistance Article of the Illinois		6/30/23
			Public Aid Code.		1/1/24
			HB1384 (HCA 1)(ADOPTED)	No position	
			Replaces everything after the enacting clause with the provisions of the	change/Neutral	
			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.		
All	Dental	HB 2072	In provisions concerning provider notification of dental plan changes,	Oppose	PUBLIC ACT
	Network Plan	Gong-	provides that no insurer, service corporation, dental service plan		103-0024
	Change	Gershowitz	corporation, insurance network leasing company, or any company that		

END OF SPRING SESSION - 2023 - PUBLIC ACTS	(Δs of Δμσμst 4 2023)
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(Fine)	issues, delivers, amends, or renews an individual or group policy of		EFFECTIVE:
	accident and health insurance on or after the effective date of the		1/1/24
	amendatory Act that provides dental insurance may automatically		
	enroll a provider in a leased network without the provider's written		
	consent. Provides that any contract entered into or renewed on or		
	after the effective date of the amendatory Act that allows the rights		
	and obligations of the contract to be assigned or leased to another		
	insurer shall provide for notice that informs each provider in writing via		
	certified mail 90 days before any scheduled assignment or lease of the		
	network to which the provider is a contracted provider (rather than		
	shall provide notice of that assignment or lease within 30 days after		
	the assignment or lease to the contracting dentist). Provides that an		
	insurer, service corporation, dental service plan corporation, insurance		
	network leasing company, or any company that issues, delivers,		
	amends, or renews an individual or group policy of accident and health		
	insurance on or after the effective date of the amendatory Act that		
	provides dental insurance that leases or assigns its network shall not		
	cancel a network participating dentist's contractual relationship or		
	otherwise penalize a network participating dentist in any way based on		
	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.		
	<u>HB 2072 (HFA 0002)</u> (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 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.

HB 2072 (HFA 0003) (ADOPTED)

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that no dental carrier may automatically enroll a provider in a leased network without allowing any provider that is part of the dental carrier's provider network to choose to not participate by opting out. Provides that the provisions do not apply if access to a provider network contract is granted to a dental carrier or an entity operating in accordance 'Ith 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

Neutral with Amendment #3

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 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 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 Morgan (Harris, N.) Sets forth provisions concerning an information security program, investigations of cybersecurity events, and notifications of unvestigations of cybersecurity events, and notifications of cybersecurity events, and notifications of unvestigations of cybersecurity	LIND OF SERVING	JEJJION 2023	TODLIC ACTS (A	of August 4, 2023		
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necessary or appropriate to enforce the provisions of the Act. Provides				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 of				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				1.		
are obtained by the Director In an investigation or examination shall be						
confidential by law and privileged, shall not be subject to the Freedom				·		
of Information Act, shall not be subject to subpoena, and shall not be						
subject to discovery or admissible in evidence in any private civil				· · · · · · · · · · · · · · · · · · ·		
action.						
HB 2130 (HFA 0001) (ADOPTED) No position				HB 2130 (HFA 0001) (ADOPTED)	No position	
change/Oppose					· ·	

			Makes a change in provisions concerning notification of a cybersecurity event. Sets forth provisions concerning an exemption from specified provisions.		
Health	Rate Review	HB 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 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 the website. Provides that after the close of the public comment period, the Department shall issue a decision to approve, disapprove, or modify a rate filing within 60 days, and post the decision on the Department's website. Provides that the Department shall adopt rules implementing specified procedures. Defines terms. Makes conforming changes in the Health Maintenance Organization Act and the Limited Health Service Organization Act.	Oppose	PUBLIC ACT 103-0106 EFFECTIVE: 1/1/24
Health	Pap Test and Prostate Testing Coverage Mandate Gender	HB 2350 Cassidy (Pacione/ Zayas)	In provisions concerning pap tests and prostate cancer screenings, provides that required coverage includes an annual cervical smear or Pap smear test for all (rather than female) insureds. Provides that required coverage includes an annual prostate cancer screening for insureds (rather than male insureds) upon the recommendation of a physician licensed to practice medicine in all of its branches for specified individuals. Provides that required coverage includes an annual prostate cancer screening for insureds who are age 40 and over with a genetic predisposition to prostate cancer. HB 2350 (HFA 0001) (ADOPTED)	Oppose	PUBLIC ACT 103-0030 EFFECTIVE: 1/1/25

		Adds a January 1, 2025 effective date . Removes a reference to "women".	Neutral with Amendment #1	
Proton Beam Mandate	HB 2799 Hammond (Koehler)	Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for the treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the insurer applies for the coverage of any other form of radiation therapy treatment. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage or benefits to any resident of this State for radiation oncology shall include coverage or benefits for physician-prescribed proton beam therapy for the treatment of cancer as recommended by the patient's physician.	Oppose	PUBLIC ACT 103-0325 EFFECTIVE: 1/1/24
		HB 2799 (HCA 0001) (ADOPTED) (RULES COMMITTEE)Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than after the effective date of the amendatory Act) that provides coverage for the treatment of cancer shall not apply a higher standard of clinical evidence for the coverage of proton beam therapy than the insurer applies for the coverage of any other form of radiation therapy treatment. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than after the effective date of the amendatory Act) that provides coverage or benefits to any resident of the State for radiation oncology shall include coverage or benefits for medically necessary proton beam therapy for the treatment of cancer (rather than for physician-prescribed proton beam therapy for the treatment of cancer as recommended by the patient's physician). Defines "medically necessary". Effective January 1, 2024.	Neutral with Amendment #1	

Health	Behavioral	HB3230	Requires the Department of Human Services, Division of Mental	Oppose	PUBLIC ACT
	Health Crisis	LaPointe	Health, to use an independent third-party expert to conduct a cost		103-0337
	Care	(Fine)	analysis and determine actuarially sound costs associated with		
			developing and maintaining a statewide initiative for the coordination		
			and delivery of the continuum of behavioral health crisis response		
			services in the State, including crisis call centers, mobile crisis response		
			team services, crisis receiving and stabilization centers, and other		EFFECTIVE:
			acute behavioral health services. Contains provisions concerning		7/28/23
			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.		
			<u>HB 3230 (HFA 0001)</u> (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		
			response; mobile crisis response; and follow-up and crisis stabilization		
			services that are in response to the 9-8-8 Suicide and Crisis Lifeline.		

			Removes all references to "Program 590" with "the Division of Mental Health's Crisis Care Continuum Program". Makes other technical changes. Effective immediately. HB 3230 (SCA 0001) (ADOPTED) (HOUSE CONCURS) Requires the Department of Human Services' Division of Mental Health to determine the sound costs (rather than the actuarially sound costs) associated with developing and maintaining a statewide initiative for the coordination and delivery of the continuum of behavioral health crisis response services in the State. Expands membership on the stakeholder working group to include labor unions that represent workers in the behavioral health workforce.	No position change/Monitor	
Life	Preneed Cemetery Sales	HB 3775 Tarver (Hilton)	Provides that the pre-need contract shall provide, if applicable, that if the purchaser does not pay the costs associated with the opening or closing of an undeveloped interment, inurnment, or entombment space, the seller may repossess the undeveloped interment, inurnment, or entombment space.	Monitor	PUBLIC ACT 103-0206 EFFECTIVE: 6/30/23
			HB 3775 (HFA 0001) (ADOPTED) Replaces everything after the enacting clause. Amends the Cemetery Oversight Act. Provides that any retail installment contract for the purchase of interment, entombment, or inurnment rights shall contain a clearly worded notice in 12-point type, bold, underlined, and capital letters, that that rights to a deeded interest do not vest until final payment and that upon an uncured default, including when a contract is rolled into a new open-balance retail installment contract, with additional interment, entombment, or inurnment rights or additional cemetery merchandise or services, there will be no deeded interest.	No position change/Monitor	1/1/24

			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)	PUBLIC ACT 103-0059 EFFECTIVE: 6/9/23
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	PUBLIC ACT 103-0075 EFFECTIVE: 6/9/23 (some provisions) 1/1/25 (some provisions)

END OF SERVING	G 3E331011 2023	TODLIC ACTS (A	is of August 4, 2023		
			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.		
Health	Liver Disease Benefit Coverage	SB 1282 Simmons (Huynh)	Mandates coverage for preventative screening for all over 18 at high risk for liver disease without cost sharing. SB 1282 (SFA 0001) (ADOPTED)	Oppose	PUBLIC ACT 103-0084
	Mandate		Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2025 (rather than the effective date of the amendatory Act) shall provide coverage for preventative liver disease screenings for individuals 35 years of age or older and under the age of 65 (rather than for persons 18 years of age or older and under the age of 65) at high risk for liver disease, including liver ultrasounds and alphafetoprotein blood tests every 6 months, without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. Provides that the provisions do not apply to coverage of liver disease screenings to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to specified federal law.	Neutral with Amendment #1	EFFECTIVE: 1/1/24
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	Monitor	PUBLIC ACT 103-0090
			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		EFFECTIVE: 6/9/23

Director has approved a previous plan of division, then the hearing shall not be considered a rehearing. Provides that the fee assessed for filing a plan of division shall not apply to the filing of an amended plan of division. In provisions concerning certificates of division, provides that if the dividing company files an amended plan of division with the Director after a certificate of division has been filed for a previous plan, then the dividing company shall file a certificate of stay with the recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. Effective immediately. Life Public Adjusters Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a	LIND OI SEIVING SI	LJJIUN - 2023 -	FOBLIC ACTS (A	S Of August 4, 2025)	Γ	
filing a plan of division shall not apply to the filing of an amended plan of division. In provisions concerning certificates of division, provides that if the dividing company files an amended plan of division with the Director after a certificate of division has been filed for a previous plan, then the dividing company shall file a certificate of stay with the recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. Effective immediately. Life Public Adjusters Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a FUBLIC ACT 103-0216				, , , , , , , , , , , , , , , , , , , ,		
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Director after a certificate of division has been filed for a previous plan, then the dividing company shall file a certificate of stay with the recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. Effective immediately. Life Public Adjusters Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a 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. Public SB 1495 Frovides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a				of division. In provisions concerning certificates of division, provides		
then the dividing company shall file a certificate of stay with the recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. Effective immediately. Life Public Adjusters Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a 103-0216				that if the dividing company files an amended plan of division with the		
recorder. Provides that the certificate of stay shall identify the certificate of division being stayed and the date on which the amended plan of division was filed with the Director. Makes other changes. Effective immediately. Life Public Adjusters Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a 103-0216				Director after a certificate of division has been filed for a previous plan,		
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plan of division was filed with the Director. Makes other changes. Effective immediately. Life Public SB 1495 Provides that the Director of Insurance, upon finding that an applicant Adjusters Harris for a public adjuster license was previously convicted of any felony or a 103-0216				recorder. Provides that the certificate of stay shall identify the		
Life Public SB 1495 Provides that the Director of Insurance, upon finding that an applicant Adjusters Harris for a public adjuster license was previously convicted of any felony or a 103-0216				certificate of division being stayed and the date on which the amended		
Life Public SB 1495 Provides that the Director of Insurance, upon finding that an applicant Adjusters Harris Provides that the Director of Insurance, upon finding that an applicant for a public adjuster license was previously convicted of any felony or a 103-0216				plan of division was filed with the Director. Makes other changes.		
Adjusters Harris for a public adjuster license was previously convicted of any felony or a 103-0216				Effective immediately.		
	Life	Public	SB 1495	Provides that the Director of Insurance, upon finding that an applicant	Monitor	PUBLIC ACT
		Adjusters	Harris	for a public adjuster license was previously convicted of any felony or a		103-0216
(Jones, T) misdemeanor involving dishonesty or fraud (rather than a felony or			(Jones, T)	misdemeanor involving dishonesty or fraud (rather than a felony or		
misdemeanor involving dishonesty or fraud), shall consider any EFFECTIVE:				misdemeanor involving dishonesty or fraud), shall consider any		EFFECTIVE:
mitigating factors and evidence of rehabilitation contained in the 6/30/23				mitigating factors and evidence of rehabilitation contained in the		6/30/23
applicant's record to determine if a license may be denied. Provides 1/1/24				applicant's record to determine if a license may be denied. Provides		1/1/24
that the Director may place on probation, suspend, revoke, deny, or				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				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				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 (rather than a felony or misdemeanor		
involving dishonesty or fraud), and failing to comply with specified				involving dishonesty or fraud), and failing to comply with specified		
provisions concerning associated contractors. Provides that an				provisions concerning associated contractors. Provides that an		
applicant's surety bond or irrevocable letter of credit shall be in the				applicant's surety bond or irrevocable letter of credit shall be in the		
minimum amount of \$50,000 (rather than \$20,000). Provides that				minimum amount of \$50,000 (rather than \$20,000). Provides that		
public adjusters shall ensure that all contracts for their services contain				public adjusters shall ensure that all contracts for their services contain		
an email address and a scope of damages. Sets forth language required				an email address and a scope of damages. Sets forth language required		
to be contained in a written disclosure provided to the insured.				to be contained in a written disclosure provided to the insured.		
Provides that a public adjuster may provide emergency services before				Provides that a public adjuster may provide emergency services before		
a written contract with the insured has been executed. Sets forth	!			a written contract with the insured has been executed. Sets forth		
provisions concerning associated contractors. Makes other changes.	!			provisions concerning associated contractors. Makes other changes.		
SB 1495 (SCA 0001) (ADOPTED) No position	!			SB 1495 (SCA 0001) (ADOPTED)	No position	
Replaces everything after the enacting clause. Reinserts the provisions change/Monitor	!			Replaces everything after the enacting clause. Reinserts the provisions	change/Monitor	
of the introduced bill with the following changes. Provides that a public	1			of the introduced bill with the following changes. Provides that a public		
adjuster shall provide the insurer or its authorized representative for	<u>'</u>	i .	1		i e	1
receiving notice of loss or damage with an exact copy of the contract	l i			adjuster shall provide the insurer or its authorized representative for		

with the insured by email within 2 business days after execution of the contract (rather than by email after execution of the contract). Provides that a contract shall be voidable for 5 business days after the copy has been received by the insurer (rather than for 5 business days after execution). In provisions concerning standards of conduct of public adjusters, provides that a public adjuster shall not act in the place and instead of the insured.

SB 1495 (SFA 0002) (ADOPTED)

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

No position change/Monitor

ILHIC Key Bill

Health	Mandate	SB 1527	Amends the Illinois Insurance Code to provide that a group or individual	Oppose	PUBLIC ACT
	Compression	Ellman	policy of accident and health insurance or managed care plan that is		103-0091
	Sleeves	(Gill)	amended, delivered, issued, or renewed on or after January 1, 2024	No position	
			shall provide coverage for compression sleeves. Makes conforming	change/Oppose	EFFECTIVE:
			changes in the State Employees Group Insurance Act of 1971, the		1/1/24
			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		
			SB1527 (SCA1) (ADOPTED)	Neutral with	
			Provides that a group or individual policy of accident and health	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).		
			<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.		
Life	Disability	SB 1568	Provides that every insurer that amends, delivers, issues, or renews a	Oppose	PUBLIC ACT
	Income Parity	Morrison	group or individual policy or certificate of disability insurance or		103-0094
		(Morgan)	disability income insurance shall ensure parity for the payment of		
			mental, emotional, nervous, or substance use disorders or conditions.		EFFECTIVE:
			Changes the definition of "treatment limitation" to include benefit		1/1/24
			payments under disability insurance or disability income insurance.		
			SB 1568 (SCA 0001) (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)		

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			Replaces everything after the enacting clause. Amends the Illinois	No position	
			Insurance Code. Provides that the Department of Insurance shall collect	change/Neutral	
			specified information concerning disability insurance plans and		
			limitations on mental health and substance use disorder benefits.		
			Provides that the Department shall present its findings regarding		
			information collected under the provisions to the General Assembly no		
			later than April 30, 2024. Provides that information regarding a specific		
			insurance provider's contributions to the Department's report is		
			exempt from disclosure under a specified provision of the Freedom of		
			Information Act.		
Health	Telehealth	SB 1913	Amends the Medical Assistance Article of the Illinois Public Aid Code.	Monitor	PUBLIC ACT
	Services	Fine	Provides that the medical assistance program shall be subject to		103-0243
		(Douglass)	provisions of the Illinois Insurance Code concerning telehealth services.		
			SB 1913 (SFA 0001) (ADOPTED)	No position	EFFECTIVE:
			Replaces everything after the enacting clause. Amends the Medical	change/Monitor	6/30/23
			Assistance Article of the Illinois Public Aid Code. Provides that the		1/1/24
			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.		