			HOUSE BILLS		
Product Line Life/Health/All	Bill "Nickname"	Bill Number/Link	Bill Description/Action	ILHIC Position	Status
All	Cyber Security Insurance	HB47 Hoffman (Harris, N)	Provides that if the entry of an Order of Liquidation occurs on or after January 1, 2023, then the obligations shall not exceed \$500,000 or exceed without any deduction \$50,000 for any unearned premium claim or refund under any one policy. Provides that in no event shall the Fund be obligated to pay an amount in excess of \$500,000 in the aggregate for all first-party and third-party claims under a policy or endorsement providing cybersecurity insurance coverage and arising out of or related to a single insured event, regardless of the number of claims made or number of claimants. Provides that the Illinois Insurance Guaranty Fund shall have the right to appoint or approve and to direct legal counsel and other service providers under any other insurance policies subject to the provisions, regardless of any limitations in the policy. Provides that the Fund may employ or retain such persons as are necessary to provide policy benefits and services. Provides that the Fund may, at its sole discretion and without assumption of any ongoing duty to do so, pay any cybersecurity insurance obligations covered by a policy of an insolvent company on behalf of a high net worth insured.	Monitor	PUBLIC ACT 103-0113 <i>EFFECTIVE:</i> 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 <i>EFFECTIVE</i> <i>4/27/23</i>

JJICIN 2025 I	ODLIC ACTS (AS	of July 6, 2023) CORRECTED EFFECTIVE DATES 6/2/23		
		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.		
		<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		

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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		declared by the Governor are suspended. Defines "international
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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		and older for COVID-19 or influenza subcutaneously, intramuscularly,
screenings for (i) influenza, SARS-COV 2, and other emerging and existing public health threats. Provides that a registered pharmacy		or orally; administration of COVID-19 therapeutics subcutaneously,
existing public health threats. Provides that a registered pharmacy		intramuscularly, or orally; and ordering and administration of tests and
		screenings for (i) influenza, SARS-COV 2, and other emerging and
technician or student pharmacist may administer COVID-19		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 0004)</u> (ADOPTED) Provides that the "practice of pharmacy" includes the ordering and administration of tests and screenings for (i) influenza, (ii) SARS-COV 2, 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) <u>HB 0559 (SFA 0001)</u> (ADOPTED) MOTION TO CONCUR IN HOUSE RULES- PREVAILED Removes provisions amending the Illinois Public Aid Code concerning the coverage of pharmacy testing, screening, vaccinations, and treatment.	No position change/Neutral No position change/Neutral	
Health	State Based Exchange	HB 0579 (HFA 0001) Gabel (Gillespie)	(AMENDMENT 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 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	Oppose	PUBLIC ACT 103-0103 <i>EFFECTIVE:</i> 6/27/23

	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		
	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	Neutral	
	of Insurance Law. Sets forth provisions concerning the Marketplace	ineutiai	
	 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	
Protection and Affordable Care Act that apply to the individual and	
small group markets. Provides that the Director of Insurance may elect	
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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	
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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	

			IS OF JULY 6, 2023) CORRECTED EFFECTIVE DATES 8/2/23		
			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		
		1		1	

			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)	Amends the Illinois Insurance Code. Provides that an insurer that		103-0105
	Group Task	Guzzardi (Fine)	amends, delivers, issues, or renews a group or individual policy of		
	Force		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 quidance 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		

IND OF SPRING	<u>3 SESSION – 2025 – I</u>	PUBLIC ACTS (A			
			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	<i>in the Health Maintenance Organization Act.</i> In provisions concerning provider notification of dental plan changes,	Oppose	PUBLIC ACT
All	Dental Network Plan	HB 2072 Gong-	<i>in the Health Maintenance Organization Act.</i> In provisions concerning provider notification of dental plan changes, provides that no insurer, service corporation, dental service plan	Oppose	PUBLIC ACT 103-0024

-	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.		
	HB 2072 (HCA 0001) (TABLED)	No position	
	Further amends the Illinois Insurance Code. Provides that no insurer,	change/Oppose	
	dental service plan corporation, professional service corporation,		
	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	0	
	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 differ 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 to release of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease of the anends, delivers, issues, or renews an individual or group policy of accident and health insurance on or offer the federike date of the amends, delivers, issues, or renews an individual or group order with 100% of the contracted amount of the payment or reimbursement. Makes other changes. HB 2027 (HFA 2003) HB 2027 (HFA 2003) Replaces everything offer the ena	END OF SPRII	NG SESSION = 2025 =	PUBLIC ACTS (AS OF JULY 6, 2023) CORRECTED EFFECTIVE DATES 8/2/23		
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PUBLIC ACT
103-0142
EFFECTIVE:
6/30/23
1/1/24
6/30/2

			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)	Organization Act.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	
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 <i>EFFECTIVE:</i> 6/30/23
			HB 3775 (HFA 0001)(ADOPTED)Replaces everything after the enacting clause. Amends the CemeteryOversight Act. Provides that any retail installment contract for thepurchase of interment, entombment, or inurnment rights shall containa clearly worded notice in 12-point type, bold, underlined, and capitalletters, that that rights to a deeded interest do not vest until finalpayment and that upon an uncured default, including when a contractis rolled into a new open-balance retail installment contract, withadditional interment, entombment, or inurnment rights or additionalcemetery merchandise or services, there will be no deeded interest.	No position change/Monitor	1/1/24

			SENATE BILLS		
Health	PANDAS Coverage Mandate	<u>SB 101</u> 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 <i>EFFECTIVE:</i> 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 <i>EFFECTIVE:</i> 6/9/23 (some provisions) 1/1/25 (some provisions)

Health	Liver Disease	<u>SB 1282</u>	 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. Mandates coverage for preventative screening for all over 18 at high 	Oppose	PUBLIC ACT
	Benefit Coverage Mandate	Simmons (Huynh)	risk for liver disease without cost sharing. <u>SB 1282 (SFA 0001)</u> (ADOPTED) 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 alpha- fetoprotein blood tests every 6 months, without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the 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	103-0084 <i>EFFECTIVE:</i> 1/1/24
All	Stock Division	<u>SB 1494</u> 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 thearing is conducted on the amended plan of division after the	Monitor	PUBLIC ACT 103-0090 <i>EFFECTIVE:</i> 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. <i>Effective immediately</i> .		
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 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 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 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 authorized representative for receiving notice of loss or damage with an exact copy of the contract	Monitor No position change/Monitor	PUBLIC ACT 103-0216 <i>EFFECTIVE:</i> 6/30/23 1/1/24

51011 - 2023 - FODLIC ACTS (AS	OF JULY 6, 2023) CORRECTED EFFECTIVE DATES 8/2/25	,	
	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.		
	<u>SB 1495 (SFA 0002)</u> (ADOPTED)	No position	
	Replaces everything after the enacting clause. Reinserts the provisions	change/Monitor	
	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		
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Health	Mandate	<u>SB 1527</u>	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	<u>SB 1568</u>	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.		
			<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.		
			SB 1568 (SFA 0002) (ADOPTED)		

			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	<u>SB 1913</u>	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.		
			<u>SB 1913 (SFA 0001)</u> (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.		