

ILHIC KEY BILLS (By Product Issue) – 3-12-2021

| <u>Bill Number</u> | <u>Bill Description/Action</u> | <u>ILHIC Position</u> | <u>Status</u> |
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| GENERAL – ALL PRODUCTS | | | |
| <u>HB 241 (Jones)</u> | Allows pre-licensure courses for producers to be completed via webinar (in addition to the classroom setting). | SUPPORT | House Insurance |
| <u>HB 242 (Jones)</u> | Requires the IL Life & Health Insurance Guaranty Association to submit a plan of operation and any amendments thereto to the Director of Insurance within 200 days (instead of 180 days). | MONITOR | House Insurance |
| <u>HB 580 (Zalewski)</u> | Ratifies and approves the Nurse Licensure Compact and further provides that the compact shall not interfere with state labor laws. Identical to <u>SB 2068 (Castro)</u> and similar to <u>SB 1807</u> . | SUPPORT | House Labor & Commerce |
| <u>HB 1955 (Jones)</u> | DOI Initiative adopting Holding Company Act 2014 amendments and providing for additional clean-up provisions to the existing Holding Company Act, effective immediately. Identical to <u>SB 2409 (Harris)</u> . | SUPPORT | House Insurance |
| <u>HB 1956 (Jones)</u> | DOI Initiative updating state statute to comply with the Covered Agreement by adopting the Credit for Reinsurance model law, and 2020 Holding Company Act amendments regarding Group Capital Calculation, effective December 31, 2022. Identical to <u>SB 2411 (Harris)</u> . | SUPPORT | House Insurance |
| <u>HB 1957 (Jones)</u> | DOI Initiative providing for various Insurance Code clean-up changes, including partial codification of EO 2020-29 to allow for producer prelicensure courses to take place via webinar, effective immediately. Identical to <u>SB 2410 (Harris)</u> . | SUPPORT | House Insurance |
| <u>HB 2405 (Hoffman)</u> | Authorizes the Illinois Insurance Guaranty Fund, at the direction of its board of directors and subject to the approval of the Director of Insurance, to form and own a not-for-profit corporation to which the Fund may delegate certain of its powers and duties provided by the Code. Allows the not-for-profit corporation to contract to provide services to the Office of Special Deputy Receiver or any other person or organization authorized by law to carry out the duties of the Director in the capacity of receiver under specified provisions of the Code, the Illinois Life and Health Insurance Guaranty Association, an organizations in another state similar to the Illinois Insurance Guaranty Fund or the Illinois Life and Health Insurance Guaranty Association. Effective immediately. Identical to <u>SB 375 (Harris)</u> and <u>SB 2408 (Harris)</u> . | NO POSITION | House Insurance |
| <u>SB 375 (Harris)</u> | Authorizes the Illinois Insurance Guaranty Fund, at the direction of its board of directors and subject to the approval of the Director of Insurance, to form and own a not-for-profit corporation to which the Fund may delegate certain of its | NO POSITION | House Rules |

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| | powers and duties provided by the Code. Allows the not-for-profit corporation to contract to provide services to the Office of Special Deputy Receiver or any other person or organization authorized by law to carry out the duties of the Director in the capacity of receiver under specified provisions of the Code, the Illinois Life and Health Insurance Guaranty Association, an organizations in another state similar to the Illinois Insurance Guaranty Fund or the Illinois Life and Health Insurance Guaranty Association. Effective immediately. Identical to HB 2405 (Hoffman) . | | |
| SB 1807 (Rose) | Ratifies and approves the Nurse Licensure Interstate Compact. Similar to SB 2068 (Castro) and HB 580 (Zalewski) . | SUPPORT | Senate Assignments |
| SB 2068 (Castro) | Ratifies and approves the Nurse Licensure Compact and further provides that the compact shall not interfere with state labor laws. Identical to HB 580 (Zalewski) and similar to SB 1807 (Rose) | SUPPORT | Senate Assignments |
| SB 2408 (Harris) | Guaranty Fund – authorization to form and own a not-for-profit corporation to carry out certain delegated duties. Identical to SB 375 (Harris) and HB 2405 (Hoffman) . | NO POSITION | Senate Assignments |
| SB 2409 (Harris) | DOI Initiative adopting Holding Company Act 2014 amendments and providing for additional clean-up provisions to the existing Holding Company Act, effective immediately. Identical to HB 1955 (Jones) . | SUPPORT | Senate Assignments |
| SB 2410 (Harris) | DOI Initiative providing for various Insurance Code clean-up changes, including partial codification of EO 2020-29 to allow for producer prelicensure courses to take place via webinar, effective immediately. Identical to HB 1957 (Jones) . | SUPPORT | Senate Assignments |
| SB 2411 (Harris) | DOI Initiative updating state statute to comply with the Covered Agreement by adopting the Credit for Reinsurance model law, and 2020 Holding Company Act amendments regarding Group Capital Calculation, effective December 31, 2022. Identical to HB 1956 (Jones) . | SUPPORT | Senate Assignments |
| Data Privacy & Cybersecurity | | | |
| HB 53 (Andrade) | Provides that employers that rely solely upon artificial intelligence to determine whether an applicant will qualify for an in-person interview must gather and report certain demographic information to the Department of Commerce and Economic Opportunity. Requires the Department to analyze the data and report to the Governor and General Assembly whether the data discloses a racial bias in the use of artificial intelligence. | MONITOR | House Cybersecurity, Data Analytics, and IT |
| HB 1811 (Andrade) | Amends the Equal Pay Act and the Consumer Fraud and Deceptive Business Practices Act to restrict use of predictive data analytics used to determine a job | MONITOR | House Rules |

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| | applicant's credit worthiness or a hiring decision to include information that correlates with the race or zip code of the applicant for credit or employment. | | |
| HB 2404 (Buckner) | Creates the Right to Know Act to require operators of commercial websites or online services that collect personal information about Illinois customers must, in their terms of service or privacy policy, identify all categories of personal information the operator collects, identify all categories of third party persons or entities with whom the operator may disclose that information, and provide a description of the customer's rights to access their information. Provisions also provide for a private right of action. Provides for blanket exemption for entities subject to GLBA and HIPAA. | OPPOSE | House Rules |
| HB 3030 (Wheeler) | Creates the Cybersecurity Compliance Act to provide for an affirmative defense for every covered entity that creates, maintains, and complies with a written cybersecurity program (as prescribed by the legislation). | MONITOR | House Rules |
| HB 3040 (Wheeler) | Creates the Insurance Data Security Act based on the NAIC Cybersecurity Model Law. The provisions DO NOT contain suggested changes put forward by the joint trades (industry). | OPPOSE without Joint Trade Suggested Changes | House Rules |
| HB 3453 (Williams) | Creates the Geolocation Privacy Protection Act to require a private entity that owns, operates, or controls a location-based application on a user's device from disclosing geolocation information from a location-based application to a third party unless the private entity first receives the user's affirmative express consent after providing a specified notice to the user. The provisions include an exemption for HIPAA and GLBA-regulated entities. | MONITOR | House Rules |
| HB 3910 (Mussman) | Creates the Consumer Privacy Act to set forth numerous data privacy requirements, including a "right to be forgotten" with exceptions. The provisions include exemptions for certain data protected under HIPAA and GLBA. | MONITOR | House Rules |
| Paid Family Medical Leave | | | |
| HB 74 (Flowers) | Establishes paid family leave requiring employers with 50 or more employees to provide 6 weeks of paid leave. | MONITOR | House Labor & Commerce – Wage & Policy Subcommittee |
| HB 616 (Costa Howard) | Establishes paid family leave requiring employers (regardless of size) to provide 12 weeks of leave and pay the cost of health insurance applicable to the employee during that period. | MONITOR | House Labor & Commerce |

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| HB 2625 (Flowers) | Creates the Family Leave Insurance Act. Requires the Department of Employment Security to establish and administer a family leave insurance program. Provides family leave insurance benefits to eligible employees who take unpaid family leave to care for a newborn child, a newly adopted or newly placed foster child, or a family member with a serious health condition. Authorizes family leave of up to 12 weeks during any 24-month period. Authorizes compensation for leave in the amount of 85% of the employee's average weekly wage subject to a maximum of \$881 per week. <i>The state-run leave program does not replace the private market option.</i> | MONITOR | House Rules |
| HB 3433 (Morgan) | Creates the Paid Family Leave Program directing the IL Department of Employment Security to establish a state-run paid medical leave program for employees. The provisions do not specific duration of leave allowed but does direct the Department to establish a computation of benefit amounts and contributions paid by employees and employers. <i>The state-run leave program does not replace the private market option but does impose contribution requirements on employers with more than 50 employees.</i> | MONITOR | House Rules |
| HB 3898 (Gordon Booth) | Creates the Healthy Workplace Act to require employers to provide a minimum of 40 hours of paid sick leave during a 12-month period for certain purposes. Employees cannot waive their right to paid leave except in cases where the benefits are collectively bargained. | MONITOR | House Rules |
| LIFE, DISABILITY, LTCI, & SUPPLEMENTAL | | | |
| HB 33 (Mason) | With respect to individuals who are participating in a substance use treatment or recovery support program, the proposed legislation seeks to prohibit life insurers from canceling, terminating, or "refusing to renew" an individual's life insurance policy due to their participation; considering that participation in the underwriting or application process; or denying a claim due to a beneficiary's participation in those programs. The provisions are specific to those individuals in active recovery/treatment programs and do not prohibit these considerations when applied across broader physical and mental health considerations, or individuals who are not in active recovery/treatment programs. | OPPOSE | House Insurance |
| HB 62 (Flowers) | Creates the Health Care For All program establishing single payer health insurance in IL. | OPPOSE | House Health Care Availability & Accessibility |
| HB 228 (Mayfield) | Prohibits an insurer or producer from making a distinction or otherwise discriminating between persons, reject an applicant, cancel a policy, or demand | OPPOSE | House Insurance |

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| | or require a higher rate of premium for reasons based SOLELY upon the basis that an applicant or insured has been convicted of a felony. | | |
| HB 295 (Manley) | As introduced, the provisions currently require insurers to issue an irrevocable assignment of benefits to a funeral home in an amount not to exceed the purchase price of a funeral or burial expense policy. The language is intended to address a current issue with Medicaid beneficiaries seeking eligibility and avoidance of current asset limitations. Current law allows exemptions in assets up to a certain dollar amount in addition to exemptions for final expense policies that must be irrevocably assigned. ILHIC is working with HFS, the IL Funeral Directors Association and the National Academy of Elder Law Attorneys to determine language that appropriately addresses the problem. House Amendment #1 removes the Insurance Code provisions. | NEUTRAL with HA #1 (OPPOSED as introduced) | House Insurance |
| HB 317 (Jones) | Requires an air ambulance service or other entity that directly or indirectly, whether through an affiliated entity, agreement with a third-party entity, or otherwise, solicits air ambulance membership subscriptions, accepts membership applications, or charges membership fees to be regulated as insurance under the Insurance Code. | MONITOR | House Insurance |
| HB 339 (Batinick) | Removes the 181-day, non-renewable limitation on short-term, limited duration health insurance policies. | SUPPORT | House Insurance |
| HB 2649 (Yednock) | Requires supplemental hospital/medical indemnity policies to provide coverage for (rather than offer optional coverage for an additional premium) for the reasonable and necessary medical treatment of temporomandibular joint disorder and craniomandibular disorder. | OPPOSE | House Rules |
| HB 3308 (Jones) | Updates telehealth insurance coverage requirements to include “telephone usage” in the definition of “telehealth services” and provides that insurers must cover telehealth services “when clinically appropriate.” Reinforces existing provisions that patient cost-sharing cannot be more than if the health care service were delivered in-person. <u>Provides that no excepted benefit policy may deny or reduce any benefit to a patient based on the use of clinically appropriate telehealth services in the course of satisfying the policy's benefit criteria.</u> | MONITOR | House Rules |
| HB 3759 (Spain) | Creates the Telehealth Parity Act to require health insurers, <u>including excepted benefit plans that provided limited scope dental benefits, limited scope vision benefits, LTC benefits, accident-only, and specified disease or illness coverage,</u> to cover the costs of all medically necessary telehealth services rendered by in-network providers. The provisions allow insurers to apply coverage criteria, but | OPPOSE | House Rules |

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| | that criteria must be in compliance with provisions set forth in Executive Order 2020-09 . Prohibits insurers from applying prior authorization for any COVID-19 related telehealth services and further provides that coverage for in-network telehealth services shall be provided without cost-share (exemption applicability to HSAs). | | |
| SB 147 (Murphy) | Establishes a “birthday rule” for Medigap policies to provide that an existing Medicare supplement policyholder would be entitled to an annual open enrollment period of 60 days or more commencing on their birthday with guaranteed issuance of a replacement policy that offers benefits equal or less than those provided by the previous coverage. | OPPOSE | Senate Insurance |
| SB 202 (Morrison) | Provides that it is a civil rights violation to offer a group or individual policy of accident and health insurance, including coverage against disablement or death, that does <u>not</u> include equal terms and conditions of coverage for the treatment of a mental, emotional, nervous, or substance use disorder or condition or a history thereof. Senator Morrison sponsored P.A. 101-0332 establishing a task force to study disability income insurance and parity for behavioral health conditions, but the Governor has not yet made appointments to the task force and the group has not yet met or begun that work. | OPPOSE | Senate Insurance |
| SB 493 (Syverson) | Creates the Uniform Electronic Transactions in Dental Care Billing Act. Requires all dental plan carriers and dental care providers to exchange claims and eligibility information electronically using the standard electronic data interchange transactions for claims submissions, payments, and verification of benefits required under the Health Insurance Portability and Accountability Act in order to be compensable by the dental plan carrier. | MONITOR | Senate Insurance |
| SB 1588 (Fine) | Sets forth requirements for travel insurance per the NAIC Travel Insurance Model Act, including requiring policies that contain preexisting condition exclusions to disclose to the consumer information regarding the exclusions prior to purchase, immediately following, but no later than 5 business days following policy purchase. SB 2111 (Fine) sets forth licensing and registration requirements for travel insurance. | MONITOR | Senate Insurance |
| SB 1876 (Syverson) | Requires policies of group life insurance to contain, if replacing another policy of group life insurance in force, a provision preventing loss of coverage, subject to premium payments, for those active employees who are not actively at work on the effective date of the new policy as long as certain conditions are met. | TBD | Senate Insurance |

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| SB 2086 (Castro) | Creates the Vision Care Plan Regulation Act to set forth certain contractual requirements with eye care providers and disclosures and coverage requirements for enrollees. | MONITOR | Senate Assignments |
| SB 2111 (Fine) | Creates the Travel Insurance Act and sets forth provisions concerning the licensing and registration of travel insurance business entities. SB 1588 (Fine) sets forth the marketing requirements for travel insurance. | MONITOR | Senate Assignments |
| SB 2112 (Harris) | Requires secondary notice for lapse of life insurance. Provides that a contract for life insurance covering an individual 64 years of age or older that has been in force for at least one year may not be lapsed for nonpayment of premium unless the insurer has mailed a notification of the impending lapse in coverage to the policyowner and to a specified secondary addressee if such addressee has been designated in writing by name and address by the policyowner at least 21 days before the expiration of the grace period. The bill also requires an agent of record to be notified of the impending lapse. Life insurance contracts under which premiums are paid monthly or more frequently and are regularly collected by a licensed agent or are paid by credit card or any preauthorized check processing or automatic debit service of a financial institution are exempt. <i>Initiative of NAIFA-IL</i> . Similar to SB 2407 (Harris) , but applies the notification requirement to covered individuals aged 64 and older. | OPPOSE | Senate Assignments |
| SB 2407 (Harris) | Requires secondary notification for life insurance lapse. Similar to SB 2112 (Harris) , but removes the reference to individuals aged 64 and older. <i>Initiative of NAIFA-IL</i> . | OPPOSE | Senate Assignments |
| RETIREMENT/ANNUITIES | | | |
| HB 117 (Guzzardi) | Expands the Secure Choice Savings Program to apply to sole proprietors and employers (rather than employers with fewer than 25 employees) and allows for automatic increases in contributions. The provisions also expand the penalties levied on employers for failure to comply with the requirements of the Act. Identical to SB 208 (Martwick) . | OPPOSE | House Personnel & Pensions |
| SB 208 (Martwick) | Expands the Secure Choice Savings Program to apply to sole proprietors and employers (rather than employers with fewer than 25 employees) and allows for automatic increases in contributions. The provisions also expand the penalties levied on employers for failure to comply with the requirements of the Act. Identical to HB 117 (Guzzardi) . | OPPOSE | Senate State Government |
| HEALTH INSURANCE | | | |

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| HB 61 (Costa Howard) | The provisions require coverage of prescription inhalants and require (instead of make permissive) a health insurer or managed care plan from denying or limiting coverage refills for prescription inhalants to enable persons to breathe when suffering from asthma or other life-threatening bronchial ailments if those restrictions are contrary to what has been prescribed and considered medically appropriate. | MONITOR | House Insurance |
| HB 62 (Flowers) | Creates the Health Care For All program establishing single payer health insurance in IL. | OPPOSE | House Health Care Availability & Accessibility |
| HB 124 (Flowers) | Amends the Medical Patient Rights Act. Provides that each patient has the right to receive care from a medical professional who is culturally sensitive to the patient's life experience. The bill is not clear on to whom this would apply (provider and/or insurer) and whether this could impact network requirements to cover a provider that meets this criteria. | MONITOR | House Health Care Licenses |
| HB 135 (Mussman) | Authorizes the IL Department of Public Health to issue a standing order for contraceptives and authorizes a pharmacist to dispense hormonal contraceptives. The legislation requires health insurers to cover patient care services related to the dispensing of hormonal contraceptives for pharmacists. | OPPOSE | House Health Care Licenses |
| HB 146 (Morgan) | Authorizes the Director of Insurance to actively approve individual and small group ACA health plan rates and may disapprove any rate deemed "unreasonable." The Director must act on the rates within 60 days or else they are deemed approved. | OPPOSE | House Insurance |
| HB 213 (Conroy) | Creates the Eating Disorder Treatment Parity Task Force within the DOI to review reimbursements to eating disorder treatment providers in IL, as well as out-of-state providers of similar services. The Task Force currently does not provide for industry representation, but requires the group to "work cooperatively with the insurance industry. . . to identify the high costs of medical complications, disability, and loss of life associated with eating disorders and to determine whether disparities in insurance reimbursement is limiting access to a full range of evidence-based treatment providers in the State." House Amendment #1 adds 2 members of the insurance industry to the task force. | NEUTRAL with HA #1 | House Mental Health & Addiction |
| HB 707 (Didech) | Amends the current telehealth coverage provisions, for policies that provide coverage for telehealth services, reimbursement must be made at parity with those same services if they were provided in-person. | OPPOSE | House Insurance |

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| HB 711 (Harris) | Creates the Prior Authorization Reform Act to establish new requirements regarding disclosure and review of PA requirements, denial of claims or coverage by a utilization review organization for various levels of service, including nonurgent and urgent care effective January 1, 2022. The provisions of the bill incorporate some feedback provided by ILHIC to HB 5510 (Harris) of the 101 st General Assembly. Proponents of the bill, including ISMS and other provider and patient advocacy groups, have formed a “Your Care Can’t Wait” campaign in support of prior authorization reform. Identical to SB 177 (Holmes) . | OPPOSE | House 2 nd Reading |
| HB 1728 (Mazzochi) | Amends the Medical Patient Rights Act to provide, in addition to any other right provided under the Act, certain qualifying patients have the ability to request diagnostic screenings without a physician’s order as follows: (1) females over the age of 40 have the right to a breast cancer screening mammogram once per year; and all persons have a right to request annual screening under the age of 40 if such person has a family history of breast cancer; or genetic testing has confirmed likelihood that such person has otherwise tested positive for BRCA1 or BRCA2 mutations; (2) males have the right to prostate-specific antigen testing at once per year if specified requirements are met; (3) all persons have the right to colorectal screening under specified conditions; (4) all persons over the age of 18, or under the age of 18 with one parent's consent, have the right to screening for sexually transmitted diseases or infections at least every 6 months, or in the event of unprotected sexual activity; and (5) all persons over the age of 18, or under the age of 18 with a parent's or legal guardian's consent, have the right to screening for COVID-19 infection and testing for COVID-19 antibodies. The provisions of the bill do not require coverage and the patient seeking the diagnostic test without a written order from a physician shall be responsible for paying for the diagnostic test provided that the provider of the diagnostic testing provides the patient in writing the cost of the diagnostic test prior to it being performed and the patient agrees to that cost. | MONITOR | House Health Care Availability & Accessibility |
| HB 1745 (Harris) | Requires health insurance carriers that provide coverage for prescription drugs to ensure that, within service areas and levels of coverage specified by federal law, at least half of individual and group plans meet one or more of the following criteria: 1) apply a pre-deductible and flat-dollar copayment structure to the entire drug benefit; 2) limit a beneficiary's monthly out-of-pocket financial responsibility for prescription drugs to a specified amount; or 3) limit a | OPPOSE | House Prescription Drug Affordability & Accessibility |

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| | beneficiary's annual out-of-pocket financial responsibility for prescription drugs to a specified amount. Effective January 1, 2022. Identical to SB 275 (Bennett) . | | |
| HB 1779 (Flowers) | Prohibits health insurers from requiring prior authorization for biomarker testing for an insured with advanced or metastatic stage 3 or 4 cancer or biomarker testing of cancer progression or recurrence in the insured with advanced or metastatic stage 3 or 4 cancer. | OPPOSE | House Insurance |
| HB 1976 (Moeller) | Allows optometrists to provide services via telehealth. Identical to SB 567 (Villivalam) | MONITOR | House Health Care Licenses |
| HB 2370 (Avelar) | “Cap the copay” legislation that restricts an insured’s monthly out of pocket cost to \$100 per 30-day supply. | OPPOSE | House Insurance |
| HB 2406 (Scherer) | Provides that an individual or group policy of accident and health insurance or managed care plan in effect on and after March 9, 2020 must provide coverage for the cost of administering a COVID-19 vaccination. Language is silent on vaccine as approved by the FDA. | OPPOSE (need language to tie vaccine to FDA approval) | House Insurance |
| HB 2472 (Mazzochi) | Requires the Director to solicit information and data from health insurance carriers regarding insurance coverage for pediatric autoimmune neuropsychiatric disorder to report back to the General Assembly by November 15, 2021. | MONITOR | House Insurance |
| HB 2473 (Mazzochi) | In provisions requiring insurance coverage for prostate-specific antigen tests and for colorectal cancer examination and screening, removes provisions requiring the testing be recommended or prescribed by a physician. The provisions also mandate coverage for testing of sexually transmitted diseases or infections. | OPPOSE | House Insurance |
| HB 2554 (Mah) | For purposes of the Telehealth Act, the provisions add “acupuncturists” to the list of health care professionals; however the bill does not make corresponding changes to the acupuncturists’ practice act. The bill also provides IDFPR to adopt rules clarifying applicable services and administration of the Telehealth Act. Identical to SB 1735 (Jones) . | MONITOR | House Health Care Licenses |
| HB 2589 (Conroy) | The bill includes provisions mandating coverage for ALL opioid antagonists approved by the FDA in addition to reimbursing a hospital for the hospital's cost of any FDA approved opioid antagonist. Identical to SB 679 (Fine) . | OPPOSE | House Mental Health & Addiction |
| HB 2595 (Conroy) | Mandates coverage for medically necessary treatment for mental health and substance use conditions. Requires insurers to base medical necessity and utilization review criteria on specific current generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care, | OPPOSE | House Mental Health & Addiction |

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| | including exclusively applying the criteria and guidelines set forth in the most recent versions of the treatment criteria developed by the nonprofit professional association for the relevant clinical specialty. Provides that an insurer shall not apply different, additional, conflicting, or more restrictive utilization review criteria than the criteria and guidelines set forth in the treatment criteria. Provides that the Director may, after appropriate notice and opportunity for hearing, assess a civil penalty between \$5,000 and \$20,000 for each violation. Identical to SB 697 (Fine) . <i>KFI initiative & priority for 2021.</i> | | |
| HB 2653 (Mason) | Mandates first dollar coverage for a diagnostic colonoscopy. The provisions include HSA tax preservation language. | OPPOSE | House Insurance |
| HB 2896 (Conroy) | Early Intervention omnibus telehealth bill that includes language providing that if a health insurance policy provides coverage for early intervention services, it must also provide coverage for these services delivered via telehealth. | MONITOR | House Appropriations – Human Services |
| HB 2919 (Mazzoichi) | Provides that upon request by a party contracting with a pharmacy benefit manager, the party has an annual right to audit compliance with the terms of the contract by the pharmacy benefit manager, including, but not limited to, full disclosure of any value provided by a pharmaceutical manufacturer to a pharmacy benefit manager or the parent, subsidiary, or affiliate company of a pharmacy benefit manager. Provides for other PBM disclosure requirements. | MONITOR | House Prescription Drug Affordability & Accessibility |
| HB 2930 (Mazzoichi) | In provisions concerning health insurance coverage for treatment of pediatric autoimmune neuropsychiatric disorders, provides that on and after the effective date of the amendatory Act, an insured shall have a cause of action for liquidated damages in the amount of \$1,000 or actual damages, whichever is greater, against any entity issuing a group or individual policy of accident and health insurance or managed care plan that fails to provide the coverage required for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome. | OPPOSE | House Insurance |
| HB 2948 (Morgan) | DOI Initiative seeking to address the copay accumulator ban implemented under P.A. 101-0452 as it applies to HSAs paired with a HDHP (to preserve the pre-tax advantages). The language, however, also requires insurers to identify a non-HSA eligible HDHP and offer a non-HSA eligible product if they do provide an HSA-eligible HDHP. | OPPOSE | House Insurance |
| HB 2992 (Lilly) | Requires the Department of Insurance to conduct a study to better understand the gaps in health insurance coverage for uninsured residents, including the | MONITOR | House Rules |

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| | reasons why individuals are uninsured and whether insured individuals are insured through an employer-sponsored plan or through the Illinois health insurance marketplace. P.A. 101-649 requires the DOI and HFS to conduct a health care affordability feasibility study to address some of the same issues, which is expected to be released by February 28. The bill also requires all hospitals to provide health insurance to their employees. | | |
| HB 3175 (Jones) | DOI Initiative increasing the wellness coverage cap from 20% to 30% per federal rules and further provides for clean-up of the Navigator Certification Act. Identical to SB 2294 (Gillespie) . | NO POSITION | House Rules |
| HB 3197 (Conroy) | Creates the Suicide Treatment Improvements Act to require that all at-risk patients be provided with one-on-one suicide prevention counseling by the public or private psychiatric facility at which the at-risk patient is being treated and mandates individual and group health insurance coverage for these services. | OPPOSE | House Rules |
| HB 3198 (Conroy) | Creates the Suicide Treatment Improvements Act to require suicide prevention counseling and treatment at facilities and mandates individual and group health insurance coverage for these services (similar to HB 3197); however the provisions of the bill also place certain requirements on IDPH and local public safety officials to identify individuals at risk for suicide. | OPPOSE | House Rules |
| HB 3259 (Gong Gershowitz) | Mandates coverage for the diagnosis and medically necessary treatment (instead of reasonable and necessary treatment and services for) mental health and substance use disorders and requires insurers to base medical necessity and utilization review criteria on specific current generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care, including exclusively applying the criteria and guidelines set forth in the most recent versions of the treatment criteria developed by the nonprofit professional association for the relevant clinical specialty (similar to HB 2595 (Conroy)). The provisions also prohibit an insurer that authorizes a specific type of treatment by a provider from rescinding or modifying the authorization after that provider renders the health care service. Provides that if services for the medically necessary treatment of a mental health or substance use disorder are not available in-network within the geographic and timely access standards set by law or regulation, the insurer shall arrange coverage to ensure the delivery of medically necessary out-of-network services and any medically necessary follow-up services, and the insured shall pay no more in total for benefits rendered than the cost sharing that the insured would pay for the | OPPOSE | House Rules |

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| | same covered services received from an in-network provider and further require every insurer to sponsor an education program, make the program available to other stakeholders, provide clinical review criteria at no cost to providers and insured patients, conduct interrater reliability testing, and achieve interrater pass rates of at least 90% or comply with specified requirements if the 90% threshold is not met. | | |
| HB 3268 (Flowers) | Amends the Fair Patient Billing Act to prohibit a hospital from aggressively pursue debt collection for non-payment of a hospital bill against a patient with an annual household income of \$51,000 or less and further provides that a hospital whenever possible and after reviewing the patient eligibility, shall charge as much as possible of the patient's hospital bill to insurers. | OPPOSE | House Rules |
| HB 3308 (Jones) | Updates telehealth insurance coverage requirements to include “telephone usage” in the definition of “telehealth services” and provides that insurers must cover telehealth services “when clinically appropriate.” Reinforces existing provisions that patient cost-sharing cannot be more than if the health care service were delivered in-person. Provides that no excepted benefit policy may deny or reduce any benefit to a patient based on the use of clinically appropriate telehealth services in the course of satisfying the policy's benefit criteria. | TBD | House Rules |
| HB 3312 (Welter) | Requires insurers to cap OOP for a covered prescription inhalant drug to \$100 per 30-day supply regardless of the type and amount of the drug needed by the insured. Language aligns with similar OOP limits applied to insulin per P.A. 101-0625 . | OPPOSE | House Rules |
| HB 3327 (Haas) | In provisions concerning timely payment for health care services, provides that failure to make periodic payments within specified time periods shall entitle a health care professional, health care facility, independent practice association, physician-hospital organization, insurer, health maintenance organization, managed care plans health care plan, preferred provider organization, or third party administrator to interest at the rate of 9% semiannually (rather than 9% per year). | MONITOR | House Rules |
| HB 3397 (Mazzoichi) | Requires first dollar coverage on diagnostic testing for a pediatric autoimmune neuropsychiatric disorder if such diagnostic testing is ordered by a physician (coverage is not required if the physician indicates that the diagnostic testing is requested by a guardian or parent). <i>Provisions do not include exemptions for HSAs.</i> | OPPOSE | House Rules |

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| <u>HB 3403 (Ness)</u> | Reduces OOP limit on insulin drugs from \$100 (originally set under <u>P.A. 101-0625</u> to \$30. | OPPOSE | House Rules |
| <u>HB 3421 (Dina Delgado)</u> | Provides that if a patient unknowingly and through no fault of his or her own receives care from a health care professional or health care provider who is not among the network of health care providers for the patient's health care plan, the health care professional or health care provider may not charge or bill that patient for that care. | MONITOR | House Rules |
| <u>HB 3498 (Conroy)</u> | Codifies some provisions of the telehealth coverage requirements set forth in <u>Executive Order 2020-09.</u> , including payment parity. The provisions do not remove cost-sharing for telehealth. | OPPOSE | House Rules |
| <u>HB 3517 (Wheeler)</u> | In provisions concerning development of medical necessity criteria for the coverage of CSC/ACT treatment models for early treatment of serious mental illness, provides that the rules adopted by the DOI defining medical necessity shall be updated during calendar year 2021 to include nationally recognized, generally acceptable clinical criteria sourced to evidence-based medicine and to avoid unnecessary anti-competitive impacts. Identical to <u>SB 2381 (Fine)</u> . | MONITOR | House Rules |
| <u>HB 3583 (Avelar)</u> | Creates the Affordable Drug Manufacturing Act requiring IDPH to enter into partnerships to increase competition, lower prices, and address shortages in the market for generic prescription drugs, to reduce the cost of prescription drugs for public and private purchasers, taxpayers, and consumers, and to increase patient access to affordable drugs. Requires the partnerships to result in the production or distribution of generic prescription drugs with the intent that these drugs be made widely available to public and private purchasers, providers and suppliers, and pharmacies. IDPH is directed to consult with entities, including health insurers, regarding the establishment of a fair price for the prescription drugs. | MONITOR | House Rules |
| <u>HB 3598 (Avelar)</u> | Requires companies that issue group policies of accident and health insurance to offer such policies to local chambers of commerce. | OPPOSE | House Rules |
| <u>HB 3609 (Flowers)</u> | Requires prescription drug manufacturers to provide advance notice of a price increase of a prescription drug with a wholesale acquisition cost of more than \$40 if the increase is more than 10% and to disclose information regarding factors associated with the price increase. Requires the Department of Public Health to conduct an annual public hearing on the aggregate trends in prescription drug pricing. | TBD | House Rules |
| <u>HB 3630 (Harris)</u> | Requires insurers to replace a brand name drug with a new generic equivalent on the formulary once it becomes available in the market or move the brand | OPPOSE | House Rules |

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| | name drug to the lowest cost tier. In provisions concerning a contract between a health insurer and a pharmacy benefit manager, provides that a pharmacy benefit manager must update and publish maximum allowable cost pricing information according to specified requirements, must provide a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs, and must comply with specified requirements if an appeal is denied. The legislation also sets forth contracting requirements for PBMs, including fiduciary responsibilities. Identical to SB 2008 (Koehler) . | | |
| HB 3707 (Yingling) | For purposes of group health insurance coverage, revises the definition of "small employer" to mean an employer who employs an average of at least one but not more than 50 employees on business days during the preceding calendar year and who employs at least one employee on the first day of the plan year (rather than an employer who employs an average of at least 2 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year). | TBD | House Rules |
| HB 3709 (Croke) | In provisions concerning health insurance coverage of infertility treatment, provides that coverage for the diagnosis and treatment of infertility shall be provided without discrimination on the basis of age, ancestry, color, disability, domestic partner status, gender, gender expression, gender identity, genetic information, marital status, national origin, race, religion, sex, or sexual orientation. Removes provisions stating that "infertility" means the inability to conceive after one year of unprotected sexual intercourse or the inability to sustain a successful pregnancy. | TBD | House Rules |
| HB 3758 (Spain) | Provides that if an insurer covers telehealth services, then coverage must also include telehealth services used to treat behavioral health conditions. | NO POSITION | House Rules |
| HB 3759 (Spain) | Creates the Telehealth Parity Act to require health insurers, including excepted benefit plans that provided limited scope dental benefits, limited scope vision benefits, LTC benefits, accident-only, and specified disease or illness coverage, to cover the costs of all medically necessary telehealth services rendered by in-network providers. The provisions allow insurers to apply coverage criteria, but that criteria must be in compliance with provisions set forth in Executive Order 2020-09 . Prohibits insurers from applying prior authorization for any COVID-19 related telehealth services and further provides that coverage for in-network telehealth services shall be provided without cost-share (exemption applicability to HSAs). | OPPOSE | House Rules |

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| <u>HB 3777 (Ortiz)</u> | Prohibits prior authorization for prescription drugs used in the treatment of COVID-19 that have received emergency authorization from the FDA. | TBD | House Rules |
| <u>HB 3794 (Stephens)</u> | Requires insurers to cap OOP for a diabetic self-management supplies (not including insulin) to \$100 per 30-day supply regardless of the type and amount of the supply needed by the insured. Language aligns with similar OOP limits applied to insulin per <u>P.A. 101-0625</u> . | OPPOSE | House Rules |
| <u>HB 3845 (LaPointe)</u> | Mandates coverage for medically necessary treatments for genetic, rare, unknown or unnamed, and unique conditions, including Ehlers-Danlos syndrome and altered drug metabolism. Provides that an insurance policy that provides coverage for prescription drugs shall include coverage for opioid alternatives, coverage for medicines included in the Model List of Essential Medicines published by the World Health Organization, and coverage for custom-made medications and medical food. Provides that an insurance policy that limits the quantity of a medication in accordance with applicable State and federal law shall not require pre-approval for the treatment of patients with rare metabolism conditions that may need a higher dose of medication than what is otherwise allowed within a time frame or prescription schedule. Provides that the burden of proving that treatment is medically necessary shall not lie with the insured in cases of rejections for filing claims, preauthorization requests, and appeals related to the coverage. | OPPOSE | House Rules |
| <u>HB 3867 (Moeller)</u> | Requires IDPH to design a prescription drug importation program where the State serves as the licensed wholesaler of imported drugs from Canada. The provisions set forth auditing and AG enforcement criteria, including ensuring that any participating health plan formularies, cost-sharing, and reimbursement criteria is based on the actual acquisition cost of the imported drug. | NO POSITION | House Rules |
| <u>HB 3874 (Yang Rohr)</u> | In provisions concerning infertility coverage and coverage for epinephrine injectors, provides that specified coverage shall be applicable to policies of insurance written in other states that insure an Illinois resident. | OPPOSE | House Rules |
| <u>SB 158 (Holmes)</u> | Creates the Prior Authorization Reform Act to establish new requirements regarding disclosure and review of PA requirements, denial of claims or coverage by a utilization review organization for various levels of service, including nonurgent and urgent care effective January 1, 2022. <i>This bill will be tabled in favor of SB 177 (Holmes).</i> | OPPOSE | Senate Assignments |
| <u>SB 177 (Holmes)</u> | Creates the Prior Authorization Reform Act to establish new requirements regarding disclosure and review of PA requirements, denial of claims or coverage by a utilization review organization for various levels of service, | OPPOSE | Senate Assignments |

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| | including nonurgent and urgent care effective January 1, 2022. The provisions of the bill incorporate some feedback provided by ILHIC to HB 5510 (Harris) of the 101 st General Assembly. Proponents of the bill, including ISMS and other provider and patient advocacy groups, have formed a “Your Care Can’t Wait” campaign in support of prior authorization reform. Identical to HB 711 (Harris) . | | |
| SB 202 (Morrison) | Provides that it is a civil rights violation to offer a group or individual policy of accident and health insurance, including coverage against disablement or death, that does <u>not</u> include equal terms and conditions of coverage for the treatment of a mental, emotional, nervous, or substance use disorder or condition or a history thereof. Senator Morrison sponsored P.A. 101-0332 establishing a task force to study disability income insurance and parity for behavioral health conditions, but the Governor has not yet made appointments to the task force and the group has not yet met or begun that work. | OPPOSE | Senate Insurance |
| SB 275 (Bennett) | Requires health insurance carriers that provide coverage for prescription drugs to ensure that, within service areas and levels of coverage specified by federal law, at least half of individual and group plans meet one or more of the following criteria: 1) apply a pre-deductible and flat-dollar copayment structure to the entire drug benefit; 2) limit a beneficiary's monthly out-of-pocket financial responsibility for prescription drugs to a specified amount; or 3) limit a beneficiary's annual out-of-pocket financial responsibility for prescription drugs to a specified amount. Effective January 1, 2022. Identical to HB 1745 (Harris) . | OPPOSE | Senate Assignments |
| SB 332 (Collins) | Amends the Network Adequacy and Transparency Act to require a network plan to include in their provider directory, information about whether the provider offers the use of telehealth or telemedicine to deliver services, what modalities are used and what services via telehealth or telemedicine are provided, and whether the provider has the ability and willingness to include in a telehealth or telemedicine encounter a family caregiver who is in a separate location than the patient if the patient so wishes and provides his or her consent. <i>Initiative of AARP.</i> | OPPOSE | Senate Insurance |
| SB 471 (Fine) | Sets forth time and distance standards for mental health providers. The proposed changes do not amend the existing network adequacy law (P.A. 100-502) and instead set these specific standards forth in Section 370c of the Insurance Code addressing mental health parity coverage. P.A. 100-502, which was negotiated by the industry, gave the Department authority to determine network standards for different providers annually and while mental health and substance abuse providers were not explicitly included in the list of specialists, | OPPOSE | Senate Insurance |

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| | the law allows the Department to consider other specialties. <i>ILHIC worked with the sponsor in 2020 to address some of these concerns; however, the language was never completely finalized before COVID interrupted the legislative session.</i> | | |
| SB 499 (Barickman) | Adds existing optional coverage requirements regarding coverage for reasonable and necessary medical treatment of temporomandibular joint disorder and craniomandibular disorder, for an additional premium and subject to the insurer's standard of insurability, to the State Employees Group Insurance; County, Municipality, and School Insurance requirements, and HMOs (as well as LHSOs, Voluntary Health Services, and Medicaid). | NO POSITION | Senate Insurance |
| SB 567 (Villivalam) | Allows optometrists to provide services via telehealth. Identical to HB 1976 (Moeller) . | MONITOR | Senate Licensed Activities |
| SB 679 (Fine) | The bill includes provisions mandating coverage for ALL opioid antagonists approved by the FDA in addition to reimbursing a hospital for the hospital's cost of any FDA approved opioid antagonist. Identical to HB 2589 (Conroy) . | OPPOSE | Senate Insurance |
| SB 697 (Fine) | Mandates coverage for medically necessary treatment for mental health and substance use conditions. Requires insurers to base medical necessity and utilization review criteria on specific current generally accepted standards of mental, emotional, nervous, or substance use disorder or condition care, including exclusively applying the criteria and guidelines set forth in the most recent versions of the treatment criteria developed by the nonprofit professional association for the relevant clinical specialty. Provides that an insurer shall not apply different, additional, conflicting, or more restrictive utilization review criteria than the criteria and guidelines set forth in the treatment criteria. Provides that the Director may, after appropriate notice and opportunity for hearing, assess a civil penalty between \$5,000 and \$20,000 for each violation. Identical to HB 2595 (Conroy) . <i>KFI initiative & priority for 2021.</i> | OPPOSE | Senate Assignments |
| SB 1587 (Fine) | Mandates coverage for cleft palate corrective surgery, including necessary dental procedures related to the cleft palate for the duration the correction is required until age 26. The provisions do not apply to standalone dental plans. | OPPOSE | Senate Insurance |
| SB 1589 (Fine) | Mandates coverage for anti-epileptic drugs and may not impose a waiting period or any deductible, coinsurance, copayment, or other cost-sharing limitation greater than other coverage provided. Further provides that anti-seizure prescription drugs may not be substituted with a generic drug under provisions of the Pharmacy Practice Act under which a pharmacist may | OPPOSE | Senate Insurance |

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| | substitute a therapeutically equivalent generic drug for a prescription drug or interchange an anti-epileptic drug or formulation of an antiepileptic drug for the treatment of epilepsy. | | |
| SB 1590 (Fine) | Provides the Department of Insurance with the authority to disapprove “unreasonable” or “inadequate” rates for individual and small group ACA compliant health insurance plans. The provisions require the Department to review the rates within 45 days with the option of a 30-day extension. | OPPOSE | Senate Insurance |
| SB 1592 (Fine) | In provisions regarding coverage for individuals under the of 21 with a diagnosis of autism spectrum disorders, prohibits a health insurance carrier from denying or refusing to provide otherwise covered services solely because of the location where services are provided. | TBD | Senate Insurance |
| SB 1625 (Turner) | Requires pharmacies to post a notice informing customers that they may request, in person or by telephone, the current usual and customary retail price of any brand or generic prescription drug or medical device that the pharmacy offers for sale to the public. Provides that a pharmacist or his or her authorized employee must disclose to the consumer at the point of sale the current pharmacy retail price for each prescription medication the consumer intends to purchase and if the consumer's cost-sharing amount for a prescription exceeds the current pharmacy retail price, the pharmacist or his or her authorized employee must disclose to the consumer that the pharmacy retail price is less than the patient's cost-sharing amount. Identical to SB 1682 (Bennett) . | MONITOR | Senate Licensed Activities |
| SB 1682 (Bennett) | Pharmacy retail price disclosure – identical to SB 1625 (Turner) . | MONITOR | Senate Licensed Activities |
| SB 1735 (Jones) | For purposes of the Telehealth Act, the provisions add “acupuncturists” to the list of health care professionals; however the bill does not make corresponding changes to the acupuncturists’ practice act. The bill also provides IDFPR to adopt rules clarifying applicable services and administration of the Telehealth Act. Identical to HB 2554 (Mah) . | MONITOR | Senate Assignments |
| SB 1788 (Murphy) | Prohibits any mid-year change in health insurance coverage, including changes to the formulary or provider network. The insurance industry and PBMs negotiated compromise language to provide consumers with an avenue to remain on their prescription drugs in situations where a midyear change to the formulary may have adversely impacted their coverage: P.A. 100-1052 . Similarly, network adequacy requirements implemented in 2019 provide for | OPPOSE | Senate Insurance |

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| | continuity of care for certain individuals in the middle of treatment if there is a change in the provider network: P.A. 100-0502 . | | |
| SB 1854 (Ellman) | Mandates coverage for A1C testing recommended by a health care provider for prediabetes, type 1 diabetes, and type 2 diabetes in accordance with prediabetes and diabetes risk factors identified by the CDC and coverage for vitamin D testing recommended by a health care provider in accordance with vitamin D deficiency risk factors identified by the CDC. | OPPOSE | Senate Assignments |
| SB 1875 (Syverson) | Requires that any new coverage mandate, beginning 1/1/22, shall apply only to the state employee group health insurance benefit plan. The provisions of the bill require that before the mandate is expanded to apply to private individual and group insurance plans, CMS must conduct a cost-benefit analysis and the DOI Director shall not enforce compliance with the mandate until the analysis is performed. | SUPPORT | Senate Assignments |
| SB 1905 (Morrison) | Creates the Family and Fertility Disclosure in Health Insurance Act to require employers that provide health insurance coverage to employees through policies written outside of this State to disclose to employees specified coverages required under the Illinois Insurance Code for policies written in this State and disclose the coverages that are not included in the coverage provided to the employees. | MONITOR | Senate Assignments |
| SB 1917 (Morrison) | Removes the age limit (18) in mandated coverage provisions for medically necessary epinephrine injectors. | NO POSITION | Senate Assignments |
| SB 1971 (Fine) | Authorizes the Director of Insurance to actively disapprove “unreasonable” or “inadequate” rate increases. The provisions further require the DOI to post notice of the individual and small group premium rate filings, rate filing summaries, and other information about a rate increase or decrease online and provide for a 30-day public comment period prior to approve or disapproving the rates. | OPPOSE | Senate Assignments |
| SB 1974 (Fine) | Provides that an insurer, health maintenance organization, independent practice association, or physician hospital organization may not attempt a recoupment or offset until all appeal rights of a health care professional or health care provider are exhausted and no recoupment or offset may be requested or withheld from future payments 6 months or more after the original payment is made (rather than 18 months or more after the original payment is made). | OPPOSE | Senate Assignments |
| SB 2008 (Koehler) | Requires insurers to replace a brand name drug with a new generic equivalent on the formulary once it becomes available in the market or move the brand | OPPOSE | Senate Assignments |

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| | name drug to the lowest cost tier. In provisions concerning a contract between a health insurer and a pharmacy benefit manager, provides that a pharmacy benefit manager must update and publish maximum allowable cost pricing information according to specified requirements, must provide a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs, and must comply with specified requirements if an appeal is denied. The legislation also sets forth contracting requirements for PBMs, including fiduciary responsibilities. Identical to HB 3630 (Harris) . | | |
| SB 2158 (Tracy) | Mandates coverage for the treatment, removal, elimination, or maximum feasible treatment of nevus flammeus (port-wine stains), including, but not limited to, port-wine stains caused by Sturge-Weber syndrome. Prohibits insurers, including HMOs, from reducing or eliminating coverage due to coverage of port-wine stain treatment OR increasing rates due to the coverage requirement. | OPPOSE | Senate Assignments |
| SB 2241 (Murphy) | Mandates coverage for hippotherapy and other forms of therapeutic riding. | OPPOSE | Senate Assignments |
| SB 2294 (Gillespie) | DOI Initiative increasing the wellness coverage cap from 20% to 30% per federal rules and further provides clean-up of the Navigator Certification Act. Identical to HB 3175 (Jones) . | NO POSITION | Senate Assignments |
| SB 2381 (Fine) | In provisions concerning the development of medical necessity criteria for the coverage of CSC/ACT treatment models for early treatment of serious mental illness, provides that the rules adopted by the DOI defining medical necessity shall be updated during calendar year 2021 to include nationally recognized, generally acceptable clinical criteria sourced to evidence-based medicine and to avoid unnecessary anti-competitive impacts. Identical to HB 3517 (Wheeler) . | MONITOR | Senate Assignments |
| SB 2518 (Rose) | Amends the Telehealth Act to add “athletic trainers” to the definition of “health care professionals” (with no additional changes made to a scope of practice act). | MONITOR | Senate Assignments |