ILHIC KEY BILLS (By Product Issue) – 5-14-2021

Bill Number	Bill Description/Action	ILHIC Position	Status
GENERAL – ALL PRODUCTS			
HB 1955 (Jones) (N. 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 SB 2409 (Harris).	**SUPPORT**	**Senate Calendar 2nd Reading**
HB 1957 (Jones) (N. 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 SB 2410 (Harris).	**SUPPORT**	**Senate Calendar 2nd Reading**
HB 2405 (Hoffman) (N. Harris)	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 SB 375 (Harris) and SB 2408 (Harris).	**NO POSITION**	**Senate Calendar 3rd Reading**
SB 2068 (Feigenholtz)	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 Calendar 3rd Reading**
SB 2408 (N. Harris) (Hoffman)	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**	**House Executive**
Data Privacy & Cybersecurity			
HB 53 (Andrade) (Connor)	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**	**Senate Calendar 3rd Reading**
Paid Family Medical Leave			

Bill Number	Bill Description/Action	ILHIC Position	Status
SB 835 – SA#1 Villivalam	SA#1 - Creates the Family and Medical Leave Insurance Program Act. Requires the Department of Labor to establish and administer a Family Leave Insurance Program that 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. Sets forth eligibility requirements for benefits under the Act. Defines "employer" to mean an individual or entity that pays wages for work undertaken by an employee. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family leave; defined terms; and other matters. Amends the State Finance Act. Creates the Family Leave Insurance Account Fund. Provides phase-in periods for collection of moneys and claims for benefits under the Act. Effective January 1, 2022.	**MONITOR**	**Senate Re-Referred to Assignments**
LIFE, DISABILITY, LTCI, & SUPPLEMENTAL			
HB 33 (Mason) (Johnson)	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**~~ **NEUTRAL with HA#1**	**Senate Insurance**
HB 295 (Manley) (Feigenholtz)	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. HA#1 removes the Insurance Code provisions.	~~**NEUTRAL as amended**~~ **NEUTRAL with HA#2**	**Senate Licenses Activities Special Issues**

Bill Number	Bill Description/Action	ILHIC Position	Status
	As amended by HA#2 *Provides that an insured or any other person who may be the owner of rights under a policy of life insurance may make an irrevocable assignment of all or a part of his or her rights under the policy to a funeral home in accordance with a specified provision of the Illinois Funeral or Burial Funds Act. Provides that a policy owner who executes a designation beneficiary form irrevocably waives and cannot exercise certain rights, including the right to collect from the insurance company the net proceeds of the policy when it becomes a claim by death and the right to collect or receive income, distributions, or shares of surplus, dividend deposits, refunds of premium, or additions to the policy. Amends the Illinois Funeral or Burial Funds Act. In a provision concerning pre-need contracts funded through the purchase of a life insurance policy or tax-deferred annuity contract, provides that nothing shall prohibit the purchaser from irrevocably assigning ownership of the policy or annuity to a person or trust or from irrevocably assigning the benefits of the policy or annuity to a funeral home for the purpose of obtaining favorable consideration for Medicaid, Supplemental Security Income, or another public assistance program. Provides that the form prepared by the Department of Healthcare and Family Services or by the insurance company shall provide for an irrevocable designation of beneficiary of one or more life insurance policies. Requires the insured or any other person who may be the owner of rights under the policy of whole life insurance to sign a guaranteed pre-need contract with the provider that describes the cost of the funeral goods and services to be provided upon the person's death, up to $6,774, in addition to the purchase of burial spaces as defined under the Act. Requires the licensee to annually report certain information to the Comptroller. Requires the proceeds of the life insurance policy to be paid to the provider and disbursed in a certain order upon the death of the insured. Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision requiring the Department of Healthcare and Family Services to exempt certain prepaid funeral or burial contracts from consideration when making an eligibility determination for medical assistance, provides that at any time after submitting an application for medical assistance and before the Department makes a final determination of eligibility, an applicant may use available resources to purchase one of the exempted prepaid funeral or burial contracts. Exempts up to $6,774 (rather than $5,874) in funds under an irrevocable prepaid funeral or burial contract when determining an individual's resources and eligibility for medical assistance. Provides that*		

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	existing life insurance policies are exempt if there has been an irrevocable declaration of proceeds at the death of the insured. Requires the insured person to sign an irrevocable designation of beneficiary form declaring that any amounts payable from the policies not used for funeral goods and services shall be received by the State up to an amount equal to the total medical assistance paid on behalf of the person with any remaining funds paid to a secondary beneficiary (if any) listed on the policy.		
HB 317 (Jones) (N. Harris)	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**	**Senate Assignments**
HB 2649 (Yednock) (Barickman)	Mandates health insurance plans 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**	**Senate Insurance**
HB 3308 (Jones) (N. Harris)	As introduced, 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. HA #1 contains similar coverage and reimbursement requirements as contained in HB 3498, but limits the reimbursement requirements to behavioral health services.	**~~SUPPORT as introduced~~** **OPPOSE with HA#1**	**Senate Insurance**
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. ***SA#1 Provides for an annual open enrollment of 45 days for those individuals aged 65 and older, but no more than 75 years of age who currently have a Medicare supplement policy; 2. Allow eligible applicants to enroll in a plan of equal or less benefits with the same issuer without medical underwriting; and 3. Require issuers to incorporate the annual enrollment open enrollment***	**~~OPPOSE~~** **NEUTRAL with SA#1**	**House Insurance**

Bill Number	Bill Description/Action	ILHIC Position	Status
	provisions for eligible Medicare Supplement policyholders into the buyer's guide (which is subject to the Director's Approval.)		
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 not 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. **As amended by** SA#1 *requires equal coverage for all protected characteristics under the IL Human Rights Act, which would restrict underwriting practices for health, supplemental and DI products*.	**OPPOSE**	**Senate Re-Referred to Assignments**
SB 493 (Syverson) (Hirschauer)	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**	**House Calendar 2nd Reading**
SB 930 - SA#1 (Morrison)	**Amends by** providing that the task force on disability income insurance and parity for behavioral health conditions shall submit findings and recommendations to the Governor and the General Assembly by December 31, 2022 (rather than December 31, 2020). Provides that the task force is dissolved and the provision is repealed on January 1, 2023 (rather than December 31, 2021).	**NEUTRAL**	**House Insurance**
SB 1588 (Fine) (DeLuca)	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. **As amended** SA#1 *Provides that the Director of Insurance may issue producer licenses and limited lines producer licenses. Provides that each travel insurance business entity shall pay the Department of Insurance a fee of $500 for its initial license and $500 for each renewal license, payable on May 31 annually.*	**MONITOR**	**House Calendar 2nd Reading**

Bill Number	Bill Description/Action	ILHIC Position	Status
SB 1876 (Syverson) (McCombie)	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.	**NEUTRAL**	**House Calendar 3rd Reading**
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. *Initiative of NAIFA-IL.* Similar to SB 2407 (Harris), but applies the notification requirement to covered individuals aged 64 and older. **As amended by** SA#1 *Provides that a life company issuing an individual life insurance contract on or after January 1, 2022 shall notify an applicant, in writing on a form prescribed by the company at the time of application for the policy, of the applicant's right to designate a secondary addressee to receive notice of cancellation of the policy based on nonpayment of premium. Provides that the applicant may make the secondary addressee designation at the time of application for such policy or at any time such policy is in force by submitting a written notice to the insurer containing the name and address of the secondary addressee. Provides that an insurer's transmission to a secondary addressee of a copy of a notice of cancellation based on nonpayment of premium shall be in addition to the transmission of the original document to the policyholder, and that the copy of the notice of cancellation transmitted to the secondary addressee shall be made in the same manner and form required for the transmission of the notice to the policyholder. Provides that the designation of a secondary addressee shall not constitute acceptance of any liability on the part of the secondary addressee or insurer for services provided to the policyholder. Provides that the secondary notice requirement does not apply to any individual life insurance contract under which premiums are payable*	**~~OPPOSE~~** **NEUTRAL with SA#1**	**House Insurance**

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	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. Provides that nothing in the language shall prohibit an applicant or policyholder from designating a life insurance agent of record as his or her secondary addressee.		
RETIREMENT/ANNUITIES			
HB 117 (Guzzardi) (Martwick)	**As amended by HA #1**, expands the Secure Choice Savings Program to apply to **employers with a minimum of 5 employees** ~~sole proprietors and employers~~ (rather than employers with fewer than 25 employees) and allows for (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) **as amended by SA#1**.	**NEUTRAL with HA#1**	**Senate Calendar 3rd Reading**
HB 3918 (Stuart) (Villivalam)	Adds investment advisors and insurance adjusters as mandated reporters. Existing law extends criminal and civil liability to mandated reporters.	**MONITOR**	**Senate Assignments**
SB 208 (Martwick) (Guzzardi)	Expands the Secure Choice Savings Program to apply to ~~sole proprietors and employers~~ **employers with at least 5 employees** (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) **as amended by HA#1.**	**NEUTRAL with SA#1**	**House Executive**
HEALTH INSURANCE			
HB 135 (Mussman) (Bush)	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~~** **NEUTRAL with forthcoming amendment**	**Senate Insurance**
HB 711 (G. Harris) (Holmes)	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 101st General Assembly. Proponents of the bill, including ISMS and other provider and patient advocacy groups, have formed a "Your Care Can't Wait"	**~~OPPOSE~~** **NEUTRAL with HA#2**	**Senate Calendar 3rd Reading**

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	campaign in support of prior authorization reform. Identical to SB 177 (Holmes). **As amended by** HA#2) *In the Prior Authorization Reform Act, deletes a Section concerning obligations with respect to prior authorization concerning emergency health care services, and makes changes in provisions governing applicability; definitions; disclosure and review of prior authorization requirements; obligations with respect to prior authorizations; personnel qualified to make adverse determinations of a prior authorization request; adverse determinations; review of appeals; denials; length of prior authorization approval; continuity of care; effect of failure to comply with the Act; and administration and enforcement. Makes further changes in the Illinois Insurance Code in a Section concerning obligations under the Managed Care Reform and Patient Rights Act. Deletes changes made to the Managed Care Reform and Patient Rights Act in a Section concerning emergency services prior to stabilization.*		
HB 1745 (G. Harris) (N. Harris)	As amended by HA #1, beginning 1/1/23, 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 10% of individual health plans (and at least 1 group plan) apply a pre-deductible flat-dollar copayment structure to the entire drug benefit and beginning 1/1/24, at least 25% of individual health plans (and at least 2 group plans) apply a pre-deductible flat-dollar copayment structure to the entire drug benefit. The bill, as introduced, is identical to SB 275 (Bennett).	**NEUTRAL with HA #1**	**Senate Calendar 2nd Reading**
HB 1779 (Flowers) (Munoz)	As introduced, 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. HA #1 mandates coverage for biomarker testing for treatment and disease management purposes.	**OPPOSE as introduced and with HA #1**	**Senate Calendar 2nd Reading**
HB 1976 (Moeller) (Villavalam)	Allows optometrists to provide services via telehealth. Identical to SB 567 (Villivalam)	**MONITOR**	**Senate Assignments**
HB 2109 - HA#1 – (Lewis) (Lightford)	**As amended** *Provides that an individual or group policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage for medically necessary comprehensive cancer testing and testing of blood or constitutional tissue for cancer predisposition testing as determined by a*	**~~OPPOSE~~** **NEUTRAL with forthcoming amendment**	**Senate Insurance**

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	physician licensed to practice medicine in all of its branches. Provides that the coverage shall be provided without any prior authorization requirements. ***Rep.Lewis has agreed to remove prohibited prior authorization language in a forthcoming amendment***		
HB 2406 (Scherer) (Glowiak-Hilton)	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, which is not addressed in HA #1, which also includes cross-reference to HMOs.	**OPPOSE** ***(need language to tie vaccine to FDA approval)***	**Senate Insurance**
HB 2554 (Mah) (E. 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 SB 1735 (Jones).	**MONITOR**	**Senate Insurance**
HB 2589 (Conroy) (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 SB 679 (Fine).	**OPPOSE**	**Senate Insurance**
HB 2595 (Conroy) (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 SB 697 (Fine). ***KFI initiative & priority for 2021.***	**~~OPPOSE~~** **NEUTRAL with forthcoming amendment**	**Senate Insurance**
HB 2653 (Mason) (Johnson)	Mandates first dollar coverage for a diagnostic colonoscopy. The provisions include HSA tax preservation language.	**NEUTRAL**	**Senate Calendar 2nd Reading**
HB 3175 (Jones) (Gillespie)	***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**	**Senate Calendar 3rd Reading**

Bill Number	Bill Description/Action	ILHIC Position	Status
HB 3308 (Jones) (N. Harris)	As introduced, 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. HA #1 contains similar coverage and reimbursement requirements as contained in HB 3498, but limits the reimbursement requirements to behavioral health services.	**~~SUPPORT as introduced~~** **OPPOSE with HA #1**	**Senate Insurance**
HB 3498 (Conroy) (Hunter)	Codifies some provisions of the telehealth coverage requirements set forth in Executive Order 2020-09., including payment parity. The provisions do not remove cost-sharing for telehealth. **As amended by** HA#1 *Provides coverage for all telehealth services rendered by a health care professional to deliver any clinically appropriate, medically necessary covered services, and shall not engage in specified activities. Provides that any policy, contract, or certificate of health insurance coverage that does not distinguish between in-network and out-of-network providers shall be subject to the Act as though all providers were in-network. Provides that health care professionals and facilities shall determine the appropriateness of specific sites, technology platforms, and technology vendors for a telehealth service, as long as delivered services adhere to privacy laws. Provides that there shall be no restrictions on originating site requirements for telehealth coverage or reimbursement to the distant site. Changes the term "telehealth" to "telehealth services".*	**OPPOSE**	**Senate Insurance**
HB 3598 (Avelar) (Castro)	Requires companies that issue group policies of accident and health insurance to offer such policies to local chambers of commerce.	**NEUTRAL**	**Senate Insurance**
HB 3709 (Croke) (Fine)	As amended by HA #1, amends the current health insurance mandate for infertility treatment to allows those who cannot conceive a child naturally or due to a medical condition documented by a medical professional shall not be held to the one-year requirement of unsuccessful pregnancy before coverage begins. For those women aged 35 or older who are otherwise able to conceive shall only be required to a 6-month waiting period for coverage.	**NEUTRAL with HA #1**	**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,	**OPPOSE**	**Senate**

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	that does not 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. **As amended by** SA#1 *requires equal coverage for all protected characteristics under the IL Human Rights Act, which would restrict underwriting practices for health, supplemental and DI products*.		**Re-Referred to Assignments**
SB 332 (Collins) (Averlar)	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. *Initiative of AARP.* As amended by SB 332 SA #1 . *in provisions concerning information that a network plan shall make available through an electronic provider directory or in print, provides that information concerning use of telehealth or telemedicine includes, but is not limited to, whether the provider offers the use of telehealth or telemedicine to deliver services to patients for whom it would be clinically appropriate (rather than whether the provider offers the use of telehealth or telemedicine to deliver services) and what modalities are used and what types of services may be provided via telehealth or telemedicine (rather than what modalities are used and what services via telehealth or telemedicine are provided). In provisions requiring providers to notify the network plan of changes to their information listed in the provider directory, includes the information concerning use of telehealth or telemedicine. Effective immediately.*	~~**OPPOSE**~~ **NEUTRAL with SA#1**	**House Calendar 2nd Reading**
SB 471 (Fine) (LaPointe)	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**~~ **NEUTRAL with SA#1**	**House Calendar 2nd Reading**

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	the law allows the Department to consider other specialties. ***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.*** **As amended by** SA#1 *sets forth provisions concerning timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions. Provides that network adequacy standards for timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions must satisfy specified minimum requirements. Provides that if there is no in-network facility or provider available for an insured to receive timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions in accordance with the minimum network adequacy standards, the insurer shall provide necessary exceptions to its network to ensure admission and treatment with a provider or at a treatment facility in accordance with those network adequacy standards. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the medical assistance program shall be subject to provisions of the Network Adequacy and Transparency Act concerning timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions. In provisions concerning network adequacy and transparency, provides that the Department of Healthcare and Family Services shall require managed care organizations to comply with provisions of the Network Adequacy and Transparency Act concerning timely and proximate access to treatment for mental, emotional, nervous, or substance use disorders or conditions. Effective immediately.*		
SB 499 (Barickman) (Yednock	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).	**NEUTRAL**	**House Calendar 3rd Reading**
SB 567 (Villivalam) (Moeller)	Allows optometrists to provide services via telehealth. Identical to HB 1976 (Moeller).	**MONITOR**	**House Calendar 2nd Reading**
SB 967 (Castro) SA#1 SB 967 - SA#2	*SFA #2-1. The language streamlines the mandate language by a simple subsection reorganization. 2. Includes mandate language that refers to the essential health benefits for pregnancy, maternity, and newborn care. ACA*	**~~OPPOSE~~**	**House Rules**

Bill Number	Bill Description/Action	ILHIC Position	Status
(Greenwood)	*plans are mandated to provide coverage for the above services under 42.U.S.C. 18022(b).* *3. Includes language requiring insurers to provide "high-risk" consumers access to clinically appropriate case management programs consistent with the Medical Patient Rights Act.* *4. Includes hypertension, diabetes, and hemorrhage as "high-risk" within the mandate.* *The amendment adds a definition to "case management" in the Insurance Code.* ~~*SFA #1 - Provides that the amendatory Act may be referred to as the Improving Health Care for Pregnant and Postpartum Individuals Act. Amends the Illinois Insurance Code. Provides that insurers shall allow hospitals separate reimbursement for a long-acting reversible contraceptive device provided immediately postpartum in the inpatient hospital setting before hospital discharge. Requires certain group health insurance policies and other specified policies to provide coverage for: (1) medically necessary treatment for postpartum complications; (2) medically necessary treatment of mental, emotional, nervous, or substance use disorders or conditions at in-network facilities for a pregnant or postpartum individual up to one year after giving birth to a child; and (3) case management and outreach for a postpartum individual that had a high-risk pregnancy.*~~	**NEUTRAL with SA#2**	
SB 968 - SA #1 – (Johnson) (Ammons)	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 the effective date of the amendatory Act shall provide coverage for pancreatic cancer screening.**As amended** SA#2 *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, 2022 shall provide coverage for medically necessary pancreatic cancer screening.*	~~**OPPOSE**~~ **NEUTRAL with SA#2**	**House Calendar 2nd Reading**
SB 1096 - SA#1 (Gillespie) (G. Harris)	**As amended** *Provides that a health plan amended, delivered, issued, or renewed on or after the effective date of the amendatory Act shall provide coverage of diagnostic testing for enrollees that is performed by a testing provider in accordance with specified federal and State COVID-19 testing requirements, and that diagnostic testing for enrollees shall be considered medically necessary. Provides that a health plan may inquire as to whether an enrollee is an employee of the long-term care facility but shall not require further evidence or verification of the enrollee's employment status. Provides that the coverage*	**NEUTRAL with SA#1**	**House Calendar 2nd Reading**

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	requirements set forth in the provisions shall only apply when specified federal and State testing requirements are in effect. Provides that any failure to provide coverage of diagnostic testing pursuant to the provisions shall be deemed a failure to substantially comply with this Code. Provides that the provisions are repealed on January 1, 2022. Defines terms. Makes corresponding changes in the Health Maintenance Organization Act. Repeals the COVID-19 Medically Necessary Diagnostic Testing Act.		
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) (Welter)	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. As amended by SB 1592 - SA #1 *" an insurer may not deny or refuse to provide otherwise covered services under a group or individual policy of accident and health insurance or a managed care plan solely because of the location wherein the clinically appropriate services are provided by a health care professional with appropriate certification."* **As amended by** SA#2 *an insurer may not deny or refuse to provide otherwise covered services under a group or individual policy of accident and health insurance or a managed care plan solely because of the location wherein the clinically appropriate services are provided."*	**NEUTRAL with SA#1**	**House Calendar 2nd Reading**
SB 1682 (Bennett) (Avelar)	Pharmacy retail price disclosure – identical to SB 1625 (Turner).	**MONITOR**	**House Calendar 3rd Reading**
SB 1854 (Ellman) (Rohr)	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.	**NEUTRAL**	**House Calendar 2nd Reading**
SB 1905 (Morrison) (Croke)	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 is this	**MONITOR**	**House Calendar 2nd Reading**

Bill Number	Bill Description/Action	ILHIC Position	Status
	State and disclose the coverages that are not included in the coverage provided to the employees.		
SB 1917 (Morrison) (Carroll)	Removes the age limit (18) in mandated coverage provisions for medically necessary epinephrine injectors.	**NEUTRAL**	**House Insurance**
SB 1974 (Fine) (Morgan)	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). As amended by SB 1974 - SA #1 *deletes "An insurer, health maintenance organization, independent practice association, or physician hospital organization may not attempt a recoupment or offset until all appeal rights are exhausted."; and on page 2, line 17, by replacing "6" with "12".*	**~~OPPOSE~~** **NEUTRAL with SA#1**	**House Calendar 2nd Reading**
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 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. Similar to HB 3630 (Harris).	**OPPOSE**	**Senate Insurance**
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 Calendar 2nd Reading**
SB 2294 (Gillespie) (G. Harris)	***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**	**House Executive**