

## ILHIC KEY BILLS- PASSED BOTH HOUSES – 8-30-2021

| <u>Bill Number</u>  | <u>Bill Description/Action</u>  | <u>ILHIC Position</u>     | <u>Status</u>   |
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| <a href="#">HB 33 (Mason)</a><br><a href="#">(Johnson)</a>      | <p>As amended, Provides that a company authorized to transact life insurance in the State may not, based solely on whether an individual has participated in a substance use treatment or recovery support program no less than 5 years before application or whether an individual has been prescribed or has obtained through a standing order an opioid antagonist, deny coverage to an individual; limit the amount, extent, or kind of coverage available to the individual; or charge the individual or a group to which the individual belongs a rate that is different from the rate charged to other individuals or groups for the same coverage unless the charge is based on sound underwriting or actuarial principles reasonably related to actual or anticipated loss experience for a particular risk.</p> <p><b>Effective January 1, 2022</b></p> | <b>NEUTRAL AS AMENDED</b> | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0107</b> |
| <a href="#">HB 53 (Andrade)</a><br><a href="#">(Connor)</a>     | <p>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.</p> <p><b>Effective January 1, 2022</b></p>   | <b>MONITOR</b>            | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0047</b> |
| <a href="#">HB 117 (Guzzardi)</a><br><a href="#">(Martwick)</a> | <p>As amended, expands the Secure Choice Savings Program to apply to employers with a minimum of 5 employees 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.</p> <p><b>Effective January 1, 2022</b></p>  | <b>NEUTRAL AS AMENDED</b> | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0179</b> |
| <a href="#">HB 135 (Mussman)</a><br><a href="#">(Bush)</a>      | <p>As amended, 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</p>   | <b>NEUTRAL AS AMENDED</b> | <b>SENT TO GOVERNOR</b><br><b>PUBLIC ACT 102-0103</b>   |

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|   | <p>hormonal contraceptives for pharmacists <i>if certain requirements are met.</i><br/> <b>Effective January 1, 2023</b></p>  |                                       |   |
| <p><a href="#">HB 711 (G. Harris)</a><br/> <a href="#">(Holmes)</a></p> | <p>Creates the Prior Authorization Act. As amended, HB 711:<br/> Eliminates provisions that would have prohibited application of prior authorization solely on the basis of lack of independently developed, evidence-based standards, the standards conflict, standards from an expert consensus panel do not exist; or if a product or treatment has been recommended by a treating provider for “off label use;” Non-urgent and urgent turn-around-times (TATs) are 5 days and 48 hours, respectively, notwithstanding any other provision of law (acknowledging for other areas of statute that apply different TATs); Establish the personnel requirements for those qualified to make an adverse determination and those who can review appeals to align with existing standards (eliminating previous requirements that the initial determination be made by a physician in active practice and those handling appeals must also be in active practice and not employed by the URO); Eliminate requirements that an insurer and a utilization review organization provide a peer-to-peer prior to denial of a request, as well as eliminate a requirement that the insurer/URO maintain a 24/7 hotline to manage urgent requests; Require prior authorization approvals to remain valid for 6 months (instead of 12) or the length of the treatment as determined by the treating provider (or the renewal of the plan), inclusive of dosage changes; however, dosage increases must be subject to evidentiary standards and insurers are permitted to apply safety edits.; Require prior authorization approvals for chronic or long-term conditions to remain valid for the lesser of 12 months or the length of treatment as determined by the treating provider (with policy exclusions accounted for); Reduce the statistical information insurers and UROs are required to publish on prior authorization to include the number of requests received (instead of approved) and denied in the previous plan year; top 5 reasons for denial; the number of requests appealed and the number of appeal requests that were upheld or overturned; and average time between submission and action taken.<br/> <b>Effective January 1, 2022</b></p> | <p><b>NEUTRAL AS<br/> AMENDED</b></p> | <p><b>SIGNED BY GOVERNOR<br/> PUBLIC ACT 102-0409</b></p> |

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| <a href="#">HB 816</a><br><a href="#">(Mussman/Feigenholtz)</a>    | Provides 30 days paid sick leave (that can be used non-consecutively) for teachers and other school workers after childbirth, fostering or adoption. The provisions do not apply to the Chicago Public School District.<br><b>Effective Immediately</b>  | <b>MONITOR</b>                | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0275</b> |
| <a href="#">HB 1745 (G. Harris)</a><br><a href="#">(N. Harris)</a> | As amended, 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.<br><b>Effective January 1, 2023</b>  | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0391</b> |
| <a href="#">HB 1779 (Flowers)</a><br><a href="#">(Munoz)</a>       | As amended, mandates coverage for biomarker testing. Provides that biomarker testing shall be covered and conducted in an efficient manner to provide the most complete range of results to the patient's health care provider without requiring multiple biopsies, biospecimen samples, or other delays or disruptions in patient care. Provides that when coverage of biomarker testing for the purpose of diagnosis, treatment, or ongoing monitoring of any medical condition is restricted for use by health insurers, nonprofit health service plans, or health maintenance organizations, the patient and prescribing practitioner shall have access to a clear, readily accessible, and convenient processes to request an exception, and the process shall be made readily accessible on the insurer's website.<br><b>Effective January 1, 2022</b> | <b>OPPOSE</b>                 | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0203</b> |
| <a href="#">HB 1955 (Jones)</a><br><a href="#">(N. Harris)</a>     | <b>DOI Initiative</b> adopting Holding Company Act 2014 amendments and providing for additional clean-up provisions to the existing Holding Company Act, effective immediately.<br><b>Effective Immediately</b>  | <b>SUPPORT</b>                | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0394</b> |
| <a href="#">HB 1957 (Jones)</a><br><a href="#">(N. Harris)</a>     | <b>DOI Initiative</b> 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 <a href="#">SB 2410 (Harris)</a> .<br><b>Effective January 1, 2022</b>   | <b>SUPPORT</b>                | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0135</b> |

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| <a href="#"><u>HB 2109 SA 1 (Lewis)</u></a><br><a href="#"><u>(Lightford)</u></a> | As amended, mandates coverage for medically necessary comprehensive cancer testing and removes prohibition of prior authorization. <i>Effective January 1, 2022</i>   | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SENT TO GOVERNOR</b>                                 |
| <a href="#"><u>HB 2405 (Hoffman)</u></a><br><a href="#"><u>(N. Harris)</u></a>    | 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 organization in another state similar to the Illinois Insurance Guaranty Fund or the Illinois Life and Health Insurance Guaranty Association.<br><i>Effective immediately</i>   | <b>NO POSITION</b>            | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0396</b> |
| <a href="#"><u>HB 2589 (Conroy)</u></a><br><a href="#"><u>(Fine)</u></a>          | HB 2589 mandates 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. As amended, mandated coverage language from the Insurance Code was removed.<br><i>Effective January 1, 2022</i>   | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SENT TO GOVERNOR</b>                                 |
| <a href="#"><u>HB 2595 (Conroy)</u></a><br><a href="#"><u>(Fine)</u></a>          | As amended Mandates coverage for medically necessary treatment of mental, emotional, nervous, or substance use disorders or conditions on or after January 1, 2023 (rather than January 1, 2022). Provides that for medical necessity determinations (rather than in conducting utilization review of covered health care services and benefits) relating to level of care placement, continued stay, and transfer or discharge of insureds diagnosed with mental, emotional, and nervous disorders or conditions, insurers shall apply specified patient placement criteria. For non-placement criteria, other criteria may be used. Removes language that provides that insurers shall base the duration of treatment on the insured's individual needs; that an insurer shall only engage applicable qualified providers in the treatment of mental, emotional, nervous, or substance use disorders or conditions or the appropriate subspecialty and who possess an | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0579</b> |

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|  | active professional license or certificate to review, approve, or deny services; and that every insurer shall sponsor a formal education program by nonprofit clinical specialty associations. <b><i>KFI initiative &amp; priority for 2021.</i></b><br><b><i>Effective January 1, 2022, except specified provisions take effect immediately</i></b>  |                              |   |
| <a href="#">HB 2653 (Mason)</a><br><a href="#">(Johnson)</a>   | Mandates first dollar coverage for a diagnostic colonoscopy. The provisions include HSA tax preservation language.<br><b><i>Effective January 1, 2022</i></b>   | <b>NEUTRAL</b>               | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0443</b> |
| <a href="#">HB 3175 (Jones)</a><br><a href="#">(Gillespie)</a> | <b><i>DOI Initiative</i></b> increasing the wellness coverage cap from 20% to 30% per federal rules and further provides for clean-up of the Navigator Certification Act.<br><b><i>Effective Immediately</i></b>  | <b>NO POSITION</b>           | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0462</b> |
| <a href="#">HB 3308 (Jones) (N. Harris)</a>                    | As amended, HB3308 includes: 1 )Permanent payment parity for behavioral health; 2)Physical health parity with a 5-year sunset; 3)Payment parity provisions are explicit that if a service cannot be billed as an in-person service, then it is not subject to parity. Provisions also allow for negotiation of alternative reimbursement rates; 4) Originating site reimbursement is permissive and may be considered if the site is a facility; 5)IDPH and DOI will commission a study for telehealth utilization, impact on access, outcomes, and health equity, as well as cost to be reported out in 2026; 6)Medicaid is not included in the language.<br><b><i>Effective Immediately</i></b> | <b>SUPPORT AS AMENDED</b>    | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0104</b> |
| <a href="#">HB 3598 (Avelar)</a><br><a href="#">(Castro)</a>   | Requires companies that issue group policies of accident and health insurance to offer such policies to local chambers of commerce.<br><b><i>Effective January 1, 2022</i></b>  | <b>NEUTRAL</b>               | <b>SENT TO GOVERNOR</b>                                 |
| <a href="#">HB 3709 (Croke)</a><br><a href="#">(Fine)</a>      | As amended, shortens one year wait requirement of unsuccessful pregnancy before coverage begins for individuals with a diagnosed medical condition. 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.<br><b><i>Effective January 1, 2022</i></b>   | <b>NEUTRAL AS AMENDED</b>    | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0170</b> |
| <a href="#">SB 147 (Murphy)</a><br><a href="#">(Harper)</a>    | As amended, provides for an annual open enrollment of 45 days for those individuals age 65 and older, but no more than 75 years of age who currently have a Medicare supplement policy; 2. Allow eligible   | <b>NEUTRAL AS AMENDED</b>    | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0142</b> |

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|   | <p>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 provision for eligible Medicare Supplement policyholders into the buyer’s guide (which is subject to the Director’s approval.)</p> <p><b>Effective January 1, 2022</b></p>   |                                      |  |
| <p><a href="#">SB 332 (Collins)</a><br/><a href="#">(Avelar)</a></p>      | <p>As amended, mandates insurers to 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.</p> <p><b>Effective immediately</b></p> | <p><b>NEUTRAL<br/>AS AMENDED</b></p> | <p><b>SENT TO GOVERNOR<br/>PUBLIC ACT 102-0092</b></p>   |
| <p><a href="#">SB 471 (Fine)</a><br/><a href="#">(LaPointe)</a></p>       | <p>As amended, sets forth provisions concerning timely and proximate access to treatment for MH/SUD. Provides that network adequacy standards for timely and proximate access to treatment for MH/SUD 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 MH/SUD 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. <b>Effective immediately</b></p>   | <p><b>NEUTRAL<br/>AS AMENDED</b></p> | <p><b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0144</b></p> |
| <p><a href="#">SB 493 (Syverson)</a><br/><a href="#">(Hirschauer)</a></p> | <p>Creates the Uniform Electronic Transactions in Dental Care Billing Act. Provides that, beginning January 1, 2025, no dental plan carrier is required to accept from a dental care provider eligibility for a dental plan transaction or dental care claims or equivalent encounter information transaction except as provided in the Act. <b>Effective immediately</b></p>   | <p><b>MONITOR</b></p>                | <p><b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0146</b></p> |

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| <a href="#">SB 499 (Barickman)</a><br><a href="#">(Yednock)</a>      | Adds existing optional coverage requirements regarding coverage for reasonable and necessary medical treatment of temporomandibular joint disorder (TMJ) 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).<br><b>Effective January 1, 2022</b>   | <b>NEUTRAL</b>                      | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0030</b>                        |
| <a href="#">SB 567 (Villivalam)</a><br><a href="#">(Moeller)</a>     | Allows optometrists to provide services via telehealth.<br><b>Effective January 1, 2022</b>   | <b>MONITOR</b>                      | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0153</b>                        |
| <a href="#">SB 672 (Hunter/Burke)</a>                                | Applies reasonable limitations on covenants to compete and covenants not to solicit, aligning the provisions with judicial standards set forth under case law. The provisions also nullify covenants not to compete for employees terminated, furloughed, or laid off because of the COVID 19 pandemic. The provisions apply to covenants not to compete to those employees with an actual or expected annualized rate of earnings in excess of \$75,000 and covenants not to solicit those employees with an actual or expected annualized rate of earnings in excess of \$45,000. Both of those salary thresholds increase under a schedule set forth under the bill, and further applies the provisions to only those non-competes entered into after the January 1, 2022.<br><b>Effective January 1, 2022</b> | <b>MONITOR</b>                      | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0358</b>                        |
| <a href="#">SB 930 – SA#1</a><br><a href="#">(Morrison) (Morgan)</a> | As amended, provides 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).<br><b>Effective immediately.</b>  | <b>NEUTRAL</b>                      | <b>SIGNED BY GOVERNOR</b><br><b>PUBLIC ACT 102-0304</b>                        |
| <a href="#">SB 967 (Castro)</a> SA#1<br><a href="#">(Greenwood)</a>  | As amended, includes mandate language that refers to the essential health benefits for pregnancy, maternity, and newborn care. ACA plans are mandated to provide coverage for the above services under 42.U.S.C. 18022(b); Includes language requiring insurers to provide "high-risk" consumers access to clinically appropriate case management programs consistent with the Medical Patient Rights   | <b>NEUTRAL</b><br><b>AS AMENDED</b> | <b>GOVERNOR AMENDATORY</b><br><b>VETO</b><br><b>"Incorrect effective date"</b> |

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|   | Act; Includes hypertension, diabetes, and hemorrhage as “high-risk” within the mandate; and The amendment adds a definition to “case management” in the Insurance Code.<br><i>Effective upon becoming law</i>  |                               |  |
| <a href="#">SB 968 – SA #1 – (Johnson) (Ammons)</a>   | As amended, mandates coverage for medically necessary pancreatic cancer screening.<br><i>Effective January 1, 2022</i>   | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0306</b>  |
| <a href="#">SB 1096 – SA#1 (Gilespie) (G. Harris)</a> | As amended, mandates 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 requirements set forth in the provisions shall only apply when specified federal and State testing requirements are in effect. The provisions sunset on January 1, 2022.<br><i>Effective Immediately</i> | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0034</b>  |
| <a href="#">SB 1588 (Fine) (DeLuca)</a>               | As amended, 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.<br><i>Effective Immediately</i>  | <b>MONITOR</b>                | <b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0212</b>  |
| <a href="#">SB 1592 (Fine) (Welter)</a>               | As amended, 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 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.”<br><i>Effective January 1, 2022</i>   | <b>NEUTRAL<br/>AS AMENDED</b> | <b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102- 0322</b> |
| <a href="#">SB 1682 (Bennett) (Avelar)</a>            | Pharmacy retail price disclosure. Removes a provision limiting consumers to 10 requests for disclosure of the current usual and customary retail price of prescription drugs or medical devices for  | <b>MONITOR</b>                | <b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0400</b>  |



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|  | <p>which the person making the request has a prescription. Provides that a pharmacy must 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. 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.</p> <p><b>Effective January 1, 2022</b></p> |                              |   |
| <p><a href="#">SB 1847 (Hunter/Harper)</a></p>       | <p>Clean up provisions to the Equal Pay Certificate requirements enacted under <a href="#">P.A. 101-0656</a> to delay the implementation of the provisions to allow impacted employers time to comply with the law. Covered businesses as of March 23, 2021 will be required to obtain an equal pay certificate between March 24, 2022 and March 23, 2024 and must recertify every 2 years thereafter.</p> <p><b>Effective Immediately</b></p>  | <p><b>MONITOR</b></p>        | <p><b>SIGNED BY GOVERNOR</b><br/><b>PUBLIC ACT 102-0036</b></p> |
| <p><a href="#">SB 1854 (Ellman) (Rohr)</a></p>       | <p>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.</p> <p><b>Effective January 1, 2022</b></p>  | <p><b>NEUTRAL</b></p>        | <p><b>SIGNED BY GOVERNOR</b><br/><b>PUBLIC ACT 102-0539</b></p> |
| <p><a href="#">SB 1876 (Syverson) (McCombie)</a></p> | <p>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.</p> <p><b>Effective January 1, 2022</b></p>   | <p><b>NEUTRAL</b></p>        | <p><b>SIGNED BY GOVERNOR</b><br/><b>PUBLIC ACT 102-0367</b></p> |
| <p><a href="#">SB 1905 (Morrison) (Croke)</a></p>    | <p>As amended, creates the Consumer Coverage Disclosure Act with changes to the disclosures required and the creation of an</p>   | <p><b>MONITOR</b></p>        | <p><b>SIGNED BY GOVERNOR</b><br/><b>PUBLIC ACT 102-0630</b></p> |

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|   | <p>enforcement procedure. Requires employers to disclose to employees' differences under the employees' health coverage and health coverage providing essential benefits under health plans regulated by the State of Illinois. Directs the Department of Insurance to provide information outlining the essential benefits and other benefits under coverage regulated under State law. Provides for enforcement by the Department of Labor. Authorize the imposition of civil penalties.</p> <p><b>Effective immediately</b></p>  |                                      |  |
| <p><a href="#">SB 1974 (Fine)</a><br/><a href="#">(Morgan)</a></p>  | <p>As amended, provides that no recoupment or offset may be requested or withheld from future payments 12 months or more after the original payment is made, except in cases in which an insurer contracted with the Department of Healthcare and Family Services is required by the Department of Healthcare and Family Services to recoup or offset payments due to a federal Medicaid requirement.</p> <p><b>Effective January 1, 2022</b></p>   | <p><b>NEUTRAL<br/>AS AMENDED</b></p> | <p><b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0632</b></p> |
| <p><a href="#">SB 2112 (Harris)</a><br/><a href="#">(Gabel)</a></p> | <p>As amended, 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</p> | <p><b>NEUTRAL<br/>AS AMENDED</b></p> | <p><b>SIGNED BY GOVERNOR<br/>PUBLIC ACT 102-0542</b></p> |

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|  | <p>under which premiums are payable 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.</p> <p><b>Effective January 1, 2022</b></p>  |                                      |  |
| <a href="#">SB 2158 (Tracy)</a>                                    | <p>As amended, 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 and tightens the mandate by listing out early intervention treatments as well as providing an age limit of 18. The condition is treated with the intention to prevent functional impairment. Cosmetic coverage is not included. <b>Effective January 1, 2022</b></p> | <p><b>NEUTRAL<br/>AS AMENDED</b></p> | <p><b>SENT TO GOVERNOR</b></p>                                   |
| <a href="#">SB 2294 (Gillespie)</a><br><a href="#">(G. Harris)</a> | <p>Creates the Illinois Certified Community Behavioral Health Clinics Act. The only portions of the language that affects the Insurance Code renders the Children's Health Insurance Program Act and the ALL KIDS Health Insurance Act inoperable if qualifications are met and shifts eligible individuals to the medical assistance program located in the Public Aid Code. <b>Effective Immediately.</b></p>  | <p><b>NO POSITION</b></p>            | <p><b>SIGNED BY GOVERNOR</b><br/> <b>PUBLIC ACT 102-0043</b></p> |