

ILHIC KEY BILLS (By Product Issue)– 3-12-2020

	Bill Number	Bill Description/Action	ILHIC Position	Status
GENERAL - ALL PRODUCTS	HB 272 (Harris)	Applies a 1% health insurance claims assessment on all paid claims by an insurer and third-party administrator for the purposes of generating funds for Medicaid. <i>The sponsor ultimately pushed for a new “MCO assessment” that was included in the FY 2020 Budget (P.A. 101-0009) to fund the state’s Medicaid program (with federal CMS approval). The assessment provisions include a tiered structure, which applies a \$2.40 per member per month on non-Medicaid (commercial) HMO products based on the 2018 enrollment numbers.</i>	OPPOSE	House Rules
	HB 3451 (Yednock)	Mandates all insurance policies shall be subject to certain readability standards, as determined by the Department of Insurance.	OPPOSE	House Rules
	HB 3965 (Welch)	Requires every insurance company authorized to do business in this State or accredited by this State with assets of at least \$50,000,000 to submit an annual report on its voluntary supplier diversity program to the Department of Insurance. Sets forth provisions on what the report must include and how and when the report must be submitted and further requires the Department of Insurance to publish the results of the report on its website and hold an annual insurance company supplier diversity workshop each February beginning with February 2021.	OPPOSE	House Second Reading
	HB 4028 (Jones)	Imposes a fee (to be determined by the Department of Insurance) on every insurer licensed to do business in the State to fund the establishment of trauma centers to be located throughout the state.	OPPOSE	House Appropriations – Public Safety
	HB 4372 (Jones)	The IL Health and Life Insurance Guaranty Association’s proposed revisions to section 35B-25 of the Illinois Domestic Stock Company Division Law. The proposed changes follow the Guaranty Association’s previous clean-up legislation (SB 1377/P.A. 101-0549) last fall, which took effect on January 1. The proposed changes would: <ol style="list-style-type: none"> 1. Require a public hearing (instead of making it at the request and option of the dividing company) and further requires the dividing company to give notice of the filing of a plan of division and the date of the public hearing to all policyholders and all guaranty associations/funds of which the dividing company is a member; 2. Delete the consideration of non-admitted assets in the determination of compliance with the Uniform Fraudulent Transfer Act and the resulting 	NEUTRAL	House Rules

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	<p>company's support of policyholder liabilities; and</p> <p>3. Allows all business, financial, and actuarial information related to the plan of division to be made available for public inspection once the notice of division and hearing are issued (instead of maintaining confidentiality at the request of the dividing company even after issuance of a notice and a hearing).</p>		
<p>HB 4573 (Zalewski)</p>	<p>Treasurer's RUUPA Initiative. Extends the provisions regarding when a tax-deferred retirement account is presumed abandoned to include tax-exempt retirement accounts. The provisions also require a business association that has NO reportable property to report to the Treasurer annually (in forms to be determined by the Treasurer) if the business association has: (1) annual sales of more than \$1 million; (2) securities that are publicly traded; (3) a net worth of more than \$10 million; or (4) more than 100 employees. Under RUUPA, "business association" is defined as a corporation, joint stock company, investment company, unincorporated association, joint venture, limited liability company, business trust, trust company, land bank, safe deposit company, safekeeping depository, financial organization, insurance company, federally chartered entity, utility, sole proprietorship, or other business entity, whether or not for profit. <i>Identical to SB 3153 (Crowe).</i></p>	<p>OPPOSE</p>	<p>House Rules</p>
<p>HB 5528 (Jones)</p>	<p>DOI clean-up bill that in provisions requiring the Director of Insurance to approve specified acquisitions of control, provides that the Director shall deny the acquisition if the competence, experience, and integrity of those persons who would control the operation are such that it would not (rather than would) be in the best interests of specified individuals. In provisions concerning confidential treatment of certain information, excludes information submitted pursuant to specified provisions concerning mergers and acquisitions that is not personal financial information. Repeals duplicative provisions concerning exemptions.</p>	<p>NEUTRAL</p>	<p>House Rules</p>
<p>SB 3153 (Crowe)</p>	<p>Treasurer's RUUPA Initiative. Extends the provisions regarding when a tax-deferred retirement account is presumed abandoned to include tax-exempt retirement accounts. The provisions also require a business association that has NO reportable property to report to the Treasurer annually (in forms to be determined by the Treasurer) if the business association has: (1) annual sales of more than \$1 million; (2) securities that are publicly traded; (3) a net worth of more than \$10 million; or (4) more than 100 employees. Under RUUPA, "business association" is defined as a corporation, joint stock company, investment company, unincorporated association, joint venture, limited liability company,</p>	<p>OPPOSE</p>	<p>Senate Judiciary</p>

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		business trust, trust company, land bank, safe deposit company, safekeeping depository, financial organization, insurance company, federally chartered entity, utility, sole proprietorship, or other business entity, whether or not for profit. <i>Identical to HB 4573 (Zalewski)</i>		
DATA PRIVACY & CYBERSECURITY	HB 2736 (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. <i>Provisions also provide for a private right of action. Provides for blanket exemption for entities subject to GLBA; however, provisions granting an exemption for entities subject to HIPAA are less clear.</i>	OPPOSE	House Cybersecurity, Data Analytics & IT
	HB 2829 (Stava-Murray)	Creates the Financial Institution Cybersecurity Act placing entities subject to the Insurance Code under the jurisdiction of the Department of Financial and Professional Regulation and does not allow for a HIPAA/GLBA exemption from notification and confidentiality requirements. <i>Subject matter hearing held on 3/14.</i>	OPPOSE	House Rules
	HB 3357 (Turner) - House Amendment #1	As amended, creates the Data Privacy Act, which contains provisions also contained in the Right to Know bills (HB 2736 and SB 2149) regulating how businesses collect, sell and/or share personal information. The proposed legislation addresses exemptions for those entities regulated by HIPAA and GLBA, but further clarification is needed to avoid conflicts with other state/federal privacy laws that govern insurance.	OPPOSE	House Rules
	HB 3358 (Turner/Cullerton)	As amended, creates the Data Privacy Act, which contains similar provisions also contained in the Right to Know bills (HB 2736 and SB 2149) regulating how businesses collect, sell and/or share personal information. House Amendment #3 exempts application of the Act to those entities subject to HIPAA and GLBA (a previous amendment did not explicitly exempt HIPAA regulated entities). Numerous business groups have taken the lead on continued opposition and ILIC is deferring to those coalitions to address further concerns.	NEUTRAL as amended (OPPOSE bill as introduced)	Senate Assignments
	HB 5204 (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 Commercial Law Subcomm.
	HB 5288 (Burke)	Creates the Data Privacy Act regulating the use and sale of consumer data. The provisions provide for data level exemptions for HIPAA and GLBA. <i>The Tech</i>	MONITOR	House Cybersecurity,

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		<i>Industry pushed for the introduction of the legislation, which contains provisions to which they could agree.</i>		Data Analytics & IT
	HB 5397 (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 CHANGES	House Rules
	HB 5603 (Mussman)	Creates the Consumer Privacy Act to set forth numerous data privacy requirements, including a “right to be forgotten” with exceptions, as well as number of provisions not previously introduced in other data privacy proposals. The provisions include exemptions for certain data protected under HIPAA and GLBA. <i>Identical to SB 3299 (Fine).</i>	MONITOR	House Rules
	SB 2149 (Hastings)	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. Provides for an entity level exemption for GLBA and possible exemption for HIPAA (however, the provisions state that nothing shall be deemed to conflict, rather than exempt).	OPPOSE	Senate Assignments
	SB 2263 (Harmon)	Creates the Data Privacy Act establishing the regulation of use and sale of consumer data. Provides for a data-level exemption for GLBA and HIPAA.	MONITOR	Senate Judiciary
	SB 2330 (Cullerton)	Creates the Data Transparency and Privacy Act establishing right to know and right to be forgotten data privacy provisions. Provides for a data-level exemption for GLBA and HIPAA (also contains a private right of action in addition to AG enforcement).	MONITOR	Senate Judiciary
	SB 3299 (Fine)	Creates the Consumer Privacy Act to set forth numerous data privacy requirements, including a “right to be forgotten” with exceptions, as well as number of provisions not previously introduced in other data privacy proposals. The provisions include exemptions for certain data protected under HIPAA and GLBA. <i>Identical to HB 5603 (Mussman).</i>	MONITOR	Senate Judiciary
LIFE, DISAB	HB 469 (Hoffman) - House Amendment #1 and House Amendment #2	As amended, gives licensed funeral directors authority to sell pre-need policies. The bill alters the framework of comprehensive pre-need reforms enacted in 2010 (P.A. 96-879).	NEUTRAL	House Rules

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HB 2375 (Batinick)	Removes the current 181-day, nonrenewable restrictions enacted last year on short-term limited duration plans.	SUPPORT	House Rules
HB 2644 (Mayfield)	Prohibits insurers (including supplemental policies) from discriminating in their underwriting on the basis of a felony conviction. Reintroduction of a bill from the 99 th General Assembly – HB 4572 (Mayfield) – which lost in House Insurance Committee in 2016.	OPPOSE	House Rules
HB 4000 (McDermed)	Prohibits a life insurance company from denying coverage to an individual, limiting the amount, extent, or kind of coverage available to the individual, or charging an individual or group to which the individual belongs a different rate <i>solely</i> because the individual has been prescribed or has obtained through a standing order an opioid antagonist.	NEUTRAL	House Health Insurance Subcomm.
HB 4094 (Skillicorn)	Allows short-term limited duration health insurance policies to remain in effect for a period of less than 3 years (rather than 181 days) inclusive of renewals/extensions (rather than prohibiting a policy from being renewable or extendable within a period of 365 days).	SUPPORT	House Rules
HB 4147 (Gong-Gershowitz)	Grants the Department of Insurance prior approval authority over proposed long-term care policy rates and rate changes. Requires the Department to accept comments on specified rates and submit an annual report, beginning on and after January 1, 2021, regarding long-term care rate changes in the Illinois market. <i>The Department currently has the authority to review all proposed rates/rate changes. Furthermore, the NAIC has established a long-term care working group that is looking into the standardization of regulatory oversight of LTC rates.</i>	OPPOSE	House Rules
HB 4650 (Bailey)	Reduces the time limit from 2 years to one year from date of issuance that an insurer can void an accident or health insurance policy or deny a claim for incurred or disability due to misstatements (other than fraudulent misstatements) made by the insured on the application.	OPPOSE	House Insurance
HB 5079 (Reitz)	Mandates and outlines coverage requirements for telehealth services, including requiring reimbursement parity for telehealth services with in-person services. As introduced, the bill applies the provisions to supplemental policies. <i>Provisions have also been introduced in SB 27 and ILHIC worked on compromise language for provisions when they were initially introduced under SB 27.</i>	OPPOSE	House Insurance
HB 5265 (Mason)	Provides that a company authorized to transact life insurance in this State may not: (1) cancel, terminate, or refuse to renew an individual's life insurance policy because of that individual's participation in a substance use disorder treatment or recovery support program; (2) charge an individual a different rate for life	OPPOSE	House Rules

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	insurance coverage because of that individual's participation in a substance use disorder treatment or recovery support program; (3) deny a claim by a beneficiary because of an individual's participation in a substance use disorder treatment or recovery support program; or (4) ask an insured whether he or she is participating or has participated in a substance use disorder treatment or recovery support program. The provisions do not prohibit life insurers from refusing to insure, limiting coverage or charging a different rate to an individual on the basis of that individual's physical or mental condition regardless of the underlying cause of the condition or inquire about a physical or mental condition regardless of whether that condition was caused by a substance use disorder.		
HB 5373 (Bailey)	Creates a state income tax deduction in an amount equal to the out-of-pocket costs incurred for expenses associated with long-term care for the taxpayer or the taxpayer's family member.	MONITOR	House Rules
HB 5525 (Reitz)	Adds to provisions enacted P.A. 101-0179 prohibiting LTC, life, and disability insurance policies from denying coverage on the basis of someone's living donor status while still allowing these policies to appropriately rate on all other conditions for living donors as they would for those who are not. The proposed legislation adds that the insurer cannot base coverage or rating decisions based solely, and without any additional risks , because of the individual's status as a living organ donor.		House Insurance
SB 27 (Manar)	Mandates and outlines coverage requirements for telehealth services, including requiring reimbursement parity for telehealth services with in-person services. As introduced, the bill applies the provisions to supplemental policies. ILHIC and the insurance industry have offered an amendment to remove the application to all supplemental policies and apply parity to the benefits (and not provider reimbursements) as has been the agreement struck in other states. The proposed amendment also aligns the definition of provider and telehealth more closely with the definition set forth in the existing Telehealth Act.	OPPOSE (as introduced)	Senate Assignments
SB 1723 (Villivalam)	As amended, creates the Family and Medical Insurance Leave Act to establish a state-operated family and medical leave income protection insurance with no exception for the private market.	OPPOSE	Senate Assignments
SB 2501 (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

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	SB 2746 (Morrison)	Prohibits mandatory arbitration and discretionary clauses in life, health, or disability insurance policies. Illinois Insurance regulations – Section 2001.3 – already prohibit the use of discretionary clauses in these policies.	OPPOSE	Senate Insurance
	SB 3639 (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.	NEUTRAL	Senate Insurance
	SB 3670 (Morrison)	Amends the Illinois Human Rights Act. Provides that a person that offers a group or individual policy of accident and health insurance, including coverage against disablement or death, commits a civil rights violation under the Act by offering coverage 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.	OPPOSE	Senate Insurance
	SB 3714 (Harris)	This is a NAIFA IL initiative establishing requirements for secondary notice of impending lapse in life insurance coverage, including notifying the agent of record at least 21 days in advance of the effective date of the lapse.	OPPOSE	Senate Insurance
	SB 3721 (Syverson)	Establishes continuity of care protections for group life insurance requiring provisions 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 if specified conditions are met when one group life insurance policy replaces another group life insurance policy previously in force.		Senate Insurance
RETIREMENT/ANNUITIE	HB 3993 (Stuart)	Adds investment advisors and insurance adjustors to the list of mandated reports of suspected elder abuse. Underlying law provides immunity from criminal and civil liability and professional discipline.	MONITOR	House Second Reading
	HB 5229 (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. <i>Identical to SB 3811 (Martwick).</i>	OPPOSE	House Personnel & Pensions
	HB 5317 (Moeller)	Creates the Defined Benefit Plan Reporting Act to require all defined benefit plans that are not covered by the Employee Retirement Income Security Act of 1974 and have 200 or more plan members (with an exemption for governmental plans) to comply with federal ERISA requirements regarding reporting certain fiscal information to participants and beneficiaries.	MONITOR	House Personnel & Pensions
	SB 3439 (Crowe)	Amends the Illinois Securities Law of 1953 to establish protections against the	OPPOSE	Senate Judiciary

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		financial exploitation of persons 60 years of age or older and persons subject to the Illinois Adult Protective Services Act to require certain licensees to report suspected incidents of financial exploitation. Establishes disciplinary action and penalties for failure to comply with requirements, including allowing the Secretary of State to bring administrative actions within 3 years from the time the Secretary of State had notice of facts that, in the exercise of reasonable diligence would lead to actual knowledge of the violation and removes provision barring administrative actions 5 years after the date on which the alleged violation occurred. Further eliminates reference to face amount certificate contracts.		
	SB 3811 (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. <i>Identical to HB 5229 (Guzzardi).</i>	OPPOSE	Senate State Government
	SB 3852 (Villivalam)	Expands the definition of "mandated reporter" of elder abuse/financial exploitation to include a person who performs the duties of a banker, broker, investor, investment advisor, attorney, financial consultant or financial advisor, broker-dealer, or administrator, regulator, or supervisor of any of the foregoing. <i>Similar to HB 3993 (Stuart), but includes an expanded list of professionals subject to the mandated reporter statute.</i>	MONITOR	Senate Assignments
HEALTH INSURANCE	HB 8 (Flowers)	Creates the Medicare for All single payer health care program.	OPPOSE	House Second Reading
	HB 122 (Kalish/Fine)	Creates the Office of the Ombudsman for Behavioral Health Access to Care Office within the Department of Human Services and sets forth role/responsibilities of Ombudsman, including providing assistance to consumers who are uninsured or have public or private health insurance, as well as identifying tracking, and reporting to the appropriate regulatory authority agency concerns, complaints, and potential violations of State and/or federal rules governing mental health and substance abuse parity. <i>The legislation, as amended, also requires the Director of Insurance to submit a written report regarding the methodology used to verify insurer compliance with mental health and substance abuse parity laws, as well as details regarding market conduct examinations and any corrective action take regarding parity violations.</i>	MONITOR	Senate Assignments
	HB 156 (Flowers/Manar)	Creates the Prescription Drug Pricing Transparency Act to mandate insurers to disclose certain rate, spending, and pricing information concerning prescription drugs to the Department of Public Health and the Attorney General.	OPPOSE	Senate Assignments

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HB 466 (Scherer) - House Amendment #1	As amended, the bill mandates commercial health insurance coverage for all substance use services/treatments currently covered under Medicaid.	OPPOSE	House Rules
HB 471 (Morgan/Fine)	The bill, as amended, provides the Department of Insurance with the authority to disapprove rates for individual and small group ACA compliant health insurance plans. The amendment further defines what is considered “reasonable” in terms of the rates and gives the Department 60 days to review the rates before they are automatically deemed approved.	OPPOSE	Senate Assignments
HB 815 (Morgan)	Establishes a quasi-judicial independent board to regulate health insurance rates. Subject matter hearing held on 2/26; remains in subcommittee. <i>Identical to SB 1419 (Fine)</i> . The Department of Insurance has proposed alternative language to provide them with the authority to approve/disapprove rates, including long-term care rates (House Amendment #2). House Amendment #3 removes the long-term care rate regulation language and only addresses Department authority over the rates for individual/small group health insurance rates.	OPPOSE	House Rules
HB 1442 (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 Rules
HB 2162 (Hoffman)	Prohibits an insurer from discrimination against a provider acting within the scope of their license. Initiative of the Chiropractors.	OPPOSE	House Rules
HB 2174 (Willis/Fine)	Requires every health insurer that offers prescription drug coverage in the individual and group markets to ensure that no less than 25% of plans offered apply a flat-dollar copayment structure to the entire drug benefit. For insurers offering less than 4 plans in those markets, at least one of those plans must apply the flat-dollar copayment structure.	NEUTRAL	Senate Assignments
HB 2347 (Harris)	Requires coverage of an emergency medical condition regardless of final diagnosis. Sponsor introduced the bill in response to an Anthem coverage policy change intended to reduce the number of insureds going to the ER as opposed to the lower cost urgent care settings for non-emergency services in 2018. <i>Identical to HB 3673 (Harper)</i> . Provisions were amended and added into HB 465/P.A. 101-0452 (ILIC worked on the language added into HB 465) .	OPPOSE	House Rules
HB 2435 (Flowers)	Provides that a health insurance carrier and its employees and other representatives shall be liable for damages for harm to an enrollee proximately caused by their failure to exercise “ordinary care” (which could include denying	OPPOSE	House Second Reading

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	coverage for care that the provider deems necessary).		
HB 2495 (Cassidy)	Omnibus women’s reproductive health bill, that, as introduced, mandates insurance coverage for abortion coverage at no cost share . House Amendment #1 restores cost-sharing to the abortion coverage. If the DOI concludes that enforcement of the provisions adversely affect the allocation of federal funds to the state, then the Department may grant an exemption to the requirements, but only to minimum extent necessary to ensure the continued receipt of federal funds. <i>Identical to SB 1942 (Bush). Provisions were passed in SB 25/P.A. 101-0013 with cost-sharing applied to mandated abortion coverage.</i>	NEUTRAL on House Amendment #1 (OPPOSE bill as introduced)	House Rules
HB 2790 (Yednock)	Prohibits prior authorization from being applied to any “life saving” procedure. “Life saving” is not defined.	OPPOSE	House Rules
HB 3177 (Mazzochi)	In provisions mandating coverage for prostate-specific and colorectal cancer exams and screenings, eliminates the requirement that the screenings be recommended/prescribed by a physician. Further mandates coverage for STD testing.	OPPOSE	House Rules
HB 3188 (Mazzochi)	If an insured is required to pay a deductible or copayment, then an accident and health insurer must disclose to the insured the total actual payments made by the accident and health insurer to a health care provider and the basis for the deductible or copayment the insured is required to pay. The provisions also require an insurer to base an insured’s deductible or copayment upon the agreed-upon or discounted rate paid to the provider rather than the listed rate.	OPPOSE	House Rules
HB 3472 (Conroy)	Mandates coverage for all opioid antagonists and prohibits cost-sharing for the member. Health insurers and PBMs negotiated compromise language enacted last year P.A. 100-1024 prohibiting the imposition of step therapy/prior authorization on prescription medication for the treatment of substance abuse disorders, including requirements these medications be placed on the lowest tier for applicable generics and applicable brands.	OPPOSE	House Rules
HB 3493 (Guzzardi)	Proposes the creation of a new state Prescription Drug Affordability Board that has the authority to review prescription drug market information and establish upper payment limits for (non-ERISA and Medicare) insurance reimbursements.	OPPOSE	TABLED
HB 3673 (Harper)	Requires coverage of an emergency medical condition regardless of final diagnosis. Sponsor introduced the bill in response to an Anthem coverage policy change intended to reduce the number of insureds going to the ER as opposed to the lower cost urgent care settings for non-emergency services in 2018. <i>Identical to HB 2347 (Harris). Provisions were amended and added into HB 465/P.A. 101-0452 (ILIC worked on the language added into HB 465).</i>	OPPOSE	House Rules

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HB 3700 (Costa Howard)	Mandates coverage for prescription inhalants for children aged 18 or younger. Provisions are not tied to medical necessity, but does reference “prescription.” House Amendment #1 ties coverage provisions to medical necessity. <i>The amendment has not been adopted.</i>	OPPOSE (NEUTRAL with House Amendment #1)	House Second Reading
HB 3811 (Batinick)	Authorizes the IL Department of Public Health to issue a standing order for contraceptives and authorizes a pharmacist to dispense hormonal contraceptives to a patient aged 17 or older. The legislation requires health insurers to cover patient care services related to the dispensing of hormonal contraceptives for pharmacists. <i>Similar to HB 1442, but with the age restriction.</i>	OPPOSE	House Rules
HB 3869 (Villa)	Provides that insurers that provide coverage for prescription insulin drugs must limit the total amount an insured is required to pay for a covered prescription insulin drug to \$100 per 30-day supply of insulin regardless of the type and amount of insulin needed by the insured. <i>Provisions are nearly identical to SB 667 (Manar), as introduced, that was later amended to provide for ILHIC-backed changes and enacted as P.A. 101-0625.</i>	OPPOSE	House Rules
HB 4433 (Morgan)	Amends the Voluntary Health Services Plans Act ONLY to require a health services plan corporation that furnishes dental services to the plan’s subscribers and beneficiaries to appoint a Dental Director who is a licensed dentist to the plan corporation’s board of trustees to oversee the responsibilities of the dental benefits administration. ISDS has indicated that this bill will serve as a vehicle for future language that may address unidentified issues related to a recent class action lawsuit filed against Delta Dental alleging anti-competitive behavior.	MONITOR (ISDS Initiative)	House Second Reading
HB 4477 (Harris)	Requires insurers to offer at least 51% of individual and group plans provided within a service area and level of coverage specified by federal law a plan that follows 1) a co-payment structure to the entire drug benefit; 2) applies a monthly out-of-pocket cost to a specified amount for prescription drugs; or 3) applies an annual out-of-pocket cost to a specified amount for prescription drugs. This is an initiative of the American Cancer Society.	OPPOSE	House Rules
HB 4479 (Willis)	Mandates coverage for cleft palate corrective surgery, including necessary dental procedures related to the cleft palate for individuals age 26 or under. Similar provisions have been introduced in amendments to bills in the 2019 session. The provisions do NOT apply to stand-alone dental plans.	OPPOSE	House Health Care Availability & Accessibility
HB 4633 (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	OPPOSE	House Rules

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	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, the law allows the Department to consider other specialties. <i>Identical to SB 2741 (Fine).</i>		
HB 4650 (Bailey)	Reduces the time limit from 2 years to one year from date of issuance that an insurer can void an accident or health insurance policy or deny a claim for incurred or disability due to misstatements (other than fraudulent misstatements) made by the insured on the application.	OPPOSE	House Rules
HB 4789 (Swanson)	Amends the Network Adequacy and Transparency Act. Provides that an insurer providing a network plan may not deny a claim from a medical facility operated by the Veterans Health Administration on the basis that the medical facility is a non-preferred provider and may not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on a claim from a medical facility operated by the Veterans Health Administration unless cost sharing is applied to such a claim from a preferred provider.	OPPOSE	House Health Insurance Subcomm.
HB 4847 (Mazzochi)	In provisions mandating coverage for prostate-specific and colorectal cancer exams and screenings, eliminates the requirement that the screenings be recommended/prescribed by a physician. Further mandates coverage for STD testing. <i>Identical to HB 3177 (Mazzochi).</i>	OPPOSE	House Rules
HB 4876 (Pappas)	Mandates first dollar coverage for follow-up colonoscopy screenings. The provisions include exclusions for health savings accounts tied to high-deductible health plans.	OPPOSE	House Insurance
HB 4963 (Didech)	Requires telehealth services to be paid at the same rate as in-person services and further requires reimbursement for a telehealth originating site facility fee (and further allows licensed Nursing Home facilities to serve as an originating site).	OPPOSE	House Rules
HB 5040 (Mazzochi)	Prohibits cost sharing for any diagnostic testing for a pediatric autoimmune neuropsychiatric disorder if the testing is ordered by a physician (cost sharing may be applied if the diagnostic test is requested by the parent or guardian). The provisions do not currently exclude health savings accounts tied to high-deductible health plans.	OPPOSE	House Rules
HB 5079 (Reitz)	Mandates and outlines coverage requirements for telehealth services, including requiring reimbursement parity for telehealth services with in-person services. As introduced, the bill applies the provisions to supplemental policies. <i>Provisions have also been introduced in SB 27 and ILHIC worked on compromise language for provisions when they were initially introduced under SB 27.</i>	OPPOSE	House Insurance

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HB 5181 (Yingling)	Amends the Illinois Health Insurance Portability and Accountability Act to revise the definition of “small employer” to include sole proprietors (employs at least one employee on the first day of the plan year rather than 2 but not more than 50 employees).	MONITOR	House Rules
HB 5230 (Unes)	Requires health insurers to cover medically necessary hypofractionated proton therapy for individuals in a registry or subjects of a clinical trial. The provisions also mandate reimbursement parity with therapeutically equivalent standard radiation therapy, as well as benefit parity with standard radiation therapy. Coverage applicable to policies issued or renewed on or after 1/1/21.	MONITOR	House Health Insurance Subcomm.
HB 5290 (Mazzochi)	Requires the Department of Insurance to solicit information and data from health insurance carriers regarding insurance coverage for pediatric autoimmune neuropsychiatric disorders. Further directs the Department to issue a report with findings to the General Assembly on or before 11/15/2020.	MONITOR	House Rules
HB 5442 (Harris)	Creates the Health Care Affordability Act directing HFS and DOI to conduct a feasibility study to explore options to make health insurance more affordable for Illinois residents leveraging existing State infrastructure. The proposed legislation is intended to lay the groundwork for exploration of a possible 1332 waiver for reinsurance and/or a Medicaid buy-in option.	MONITOR	House Insurance
HB 5443 (Harris)	Creates the Health Care Affordability Act directing HFS and DOI to conduct a feasibility study to explore options to make health insurance more affordable for Illinois residents leveraging existing State infrastructure. The proposed legislation is intended to lay the groundwork for exploration of a possible 1332 waiver for reinsurance and/or a Medicaid buy-in option. <i>According to the sponsor, this will be the vehicle for discussion/negotiations on the proposal (instead of HB 5442).</i>	MONITOR	House Rules
HB 5484 (Stephens)	Requires health insurers to cap out-of-pockets costs for diabetic self-management supplies to \$100 for a 30-day supply.	OPPOSE	House Insurance
HB 5489 (Buckner)	Establishes a Medicaid Buy-In program for individuals age 60 years or older who are otherwise ineligible for Medicaid to qualify for Medicaid coverage for dental, hearing and vision services. The program would be subject to federal approval.	MONITOR	House Approp. Human Services
HB 5490 (Villa)	Requires health insurers to cover medically necessary opioid addiction treatment.	NO POSITION	House Insurance
HB 5498 (Conroy)	Kennedy Forum of IL (KFI) initiative that establishes a new Mental Health and Substance Use Disorder Parity Compliance Officer to assist in the responsibilities of enforcing mental health parity compliance at DOI and HFS. The provisions also set forth specific behavioral health coverage criteria, including medical necessity	OPPOSE	House Mental Health

Bill Number	Bill Description/Action	ILHIC Position	Status
	standards (as set forth in <i>Wit v. United Behavioral Health</i> according to KFI) and coverage for out-of-network services when insurers fail to meet time/distance standards, including establishing new penalties for non-compliance. <i>Identical to SB 3678.</i>		
HB 5509 (Meyers-Martin)	Provides that a group or individual policy of accident and health insurance or managed care plan that provides coverage for dependents may not terminate coverage for a dependent before a date not less than 90 days after the death of the insured.	OPPOSE	House Insurance
HB 5510 (Harris)	IL State Medical Society Initiative that creates the Prior Authorization Reform Act outlining requirements concerning disclosure and review of prior authorization requirements, denial of claims or coverage by a utilization review program, and the implementation of prior authorization requirements or restrictions. <i>Identical to SB 3822.</i>	OPPOSE	House Human Services
HB 5533 (Edly-Allen)	Provides that an insurer shall provide notice to an insured's dependent at least 30 days before the termination of the dependent's coverage if the insured no longer elects to cover the dependent, unless the dependent's coverage is terminated because the dependent is 26 years of age or older.		House Rules
HB 5619 (Pappas)	Provides that companies that issue group policies of accident and health insurance must offer such policies to local chambers of commerce.	OPPOSE	House Rules
HB 5629 (Gabel)	Establishes a new licensure for midwives and mandates insurance coverage of these provider types.	OPPOSE	House Approp. Human Services
HB 5656 (Pizer)	In provisions requiring that no individual or group policy of accident and health insurance be issued unless it provides a covered person with coverage for abortion care, removes the condition that it applies to a policy that provides pregnancy-related benefits.	NEUTRAL	House Human Services
SB 27 (Manar)	Mandates and outlines coverage requirements for telehealth services, including requiring reimbursement parity for telehealth services with in-person services. As introduced, the bill applies the provisions to supplemental policies. ILHIC and the insurance industry have offered an amendment to remove the application to all supplemental policies and apply parity to the benefits (and not provider reimbursements) as has been the agreement struck in other states. The proposed amendment also aligns the definition of provider and telehealth more closely with the definition set forth in the existing Telehealth Act.	OPPOSE (as introduced)	Senate Assignments
SB 652 (Manar) - Senate Amendment #1	As amended, the bill mandates PBM transparency and licensure requirements. The amendment further requires an insurer to apply any third-party payment or financial assistance (coupons) to the insured's deductible, co-pay, or cost sharing	OPPOSE	Senate Assignments

Bill Number	Bill Description/Action	ILHIC Position	Status
	responsibility and out-of-pocket maximum. Prohibits insurers from denying claims for an emergency medical condition based on the use of diagnosis or procedure codes and shall base denials on the prudent layperson standard at the time the insured sought emergency evaluation and treatment. <i>Identical to HB 465 – House Amendment #1.</i>		
SB 665 - Fine - Senate Amendment #1	As amended, provides the Department of Insurance with the authority to disapprove rates for individual and small group ACA compliant health insurance plans. The amendment further defines what is considered “reasonable” in terms of the rates and gives the Department 45 days to review the rates (as opposed to 60 days set forth in the Senate Amendment #1 to HB 471) before they are automatically deemed approved (with a 30 day extension option)	OPPOSE (as amended)	Senate Assignments
SB 1187 (Oberweis)	Creates the Right to Shop Act to allow consumers to go out of network for services if they could be provided at a lower cost than in-network. Subject matter hearing held on 3/6; remains in Senate Insurance.	OPPOSE (as amended)	Senate Assignments
SB 1419 (Fine)	Establishes a quasi-judicial independent board to regulate health insurance rates. Subject matter hearing held on 2/26; remains in subcommittee. <i>Identical to HB 815 (Morgan).</i>	OPPOSE	Senate Assignments
SB 1420 (Murphy)	Mandates coverage for hippotherapy and other forms of therapeutic riding.	OPPOSE	Senate Insurance
SB 1633 (Stears)	Omnibus Medicaid youth mental health bill that contains mandated coverage for coordinated specialty care for first episode psychosis treatment and assertive community treatment (including wrap-around services like supported employment). <i>Provisions are also included in HB 2572 (Feigenholtz), HB 3473 (Conroy), and SB 35 (Bush). Provisions were passed in HB 2154.</i>	OPPOSE	Senate Assignments
SB 1710 (Ellman)	As introduced, sets forth medication synchronization provisions. Medication synchronization provisions have already been enacted under Section 356z.26 of the Insurance Code. The bill also sets forth the criteria under which pharmacists can be audited. ILIC met with sponsor on 3/5 regarding concerns that the medication synchronization provisions are already in statute. Senate Amendment #1 removes the medication synchronization provisions.	NEUTRAL as amended (OPPOSE bill as introduced)	Senate Assignments
SB 1942 (Bush)	Omnibus women’s reproductive health bill, which mandates insurance coverage for abortion coverage at no cost share . If the DOI concludes that enforcement of the provisions adversely affect the allocation of federal funds to the state, then the Department may grant an exemption to the requirements, but only to minimum extent necessary to ensure the continued receipt of federal funds. <i>Identical to HB 2494 (Cassidy), as introduced. Provisions were amended and</i>	OPPOSE	Senate Assignments

Bill Number	Bill Description/Action	ILHIC Position	Status
	<i>passed in SB 25.</i>		
SB 2056 (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 mid-year change to the formulary may have adversely impacted their coverage: P.A. 100-1052 . Similarly, new network adequacy requirements implemented in 2019 provide for continuity of care for certain individuals in the middle of treatment if there is a change in the provider network: P.A. 100-0502 .	OPPOSE	Senate Assignments
SB 2255 (Fine)	Mandates coverage for cleft palate corrective surgery, including necessary dental procedures related to the cleft palate for the duration the correction is required. <i>Similar to SB 659 (Fine) – House Amendment #1.</i>	OPPOSE	Senate Assignments
SB 2286 (Rezin)	Provides that an out-of-network provider of emergency air transportation may not charge an insured a rate that is 125% more than the rate allowed by Medicare for similar services.	MONITOR	Senate Insurance
SB 2396 SA#1 Gillespie	Creates the Health Care Affordability Act. Provides findings of the General Assembly. Requires the Department of Healthcare and Family Services, in consultation with the Department of Insurance, to oversee a feasibility study to explore options to make health insurance more affordable for low-income and middle-income residents. Requires the study to include specified policies. Provides that the study shall produce cost estimates for the policies and evaluate how multiple policies implemented together affect costs and outcomes and could be structured to leverage federal matching funds and federal pass-through awards. Provides that the Department of Healthcare and Family Services, in consultation with the Department of Insurance, shall develop and submit a report to the General Assembly and the Governor concerning the design, costs, benefits, and implementation of State options to increase access to affordable health care coverage that leverage existing State infrastructure.	MONITOR	Senate Bill as Introduced – Third Reading Amendment #1 - Assignments
SB 2457 (Morrison)	Eliminates the age limit (18 or under) on the newly enacted law requiring coverage for medically necessary epinephrine injectors (P.A. 101-281).	NEUTRAL	Senate Third Reading
SB 2470 (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 mid-year change to the formulary may	OPPOSE	Senate Insurance

Bill Number	Bill Description/Action	ILHIC Position	Status
	<p>have adversely impacted their coverage: P.A. 100-1052. Similarly, new network adequacy requirements implemented in 2019 provide for continuity of care for certain individuals in the middle of treatment if there is a change in the provider network: P.A. 100-0502. <i>Identical to SB 2056 (Murphy)</i></p>		
SB 2561 (Fine)	Requires insurers to reimburse providers of telehealth services at the same rate as same services reimbursed for an in-person consultation and further mandates originating site facility fee reimbursement of \$25 per telehealth services giving the Department of Insurance authority to increase the facility fee every 5 years.	OPPOSE	Senate Second Reading
SB 2740 (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, the law allows the Department to consider other specialties.	OPPOSE	Senate Insurance Second Reading
SB 2771 (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 Second Reading
SB 2781 (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 stand-alone dental plans. <i>Similar to SB 659, as amended.</i>	OPPOSE	Senate Insurance
SB 2891 (Harris)	Senate Amendment #1 requires an insurer to offer a health insurance policy that does not require a deductible for covered prescription drugs, but does allow for cost-sharing requirements that do not exceed the copayment or coinsurance specified in the policy's summary of benefits and coverage. The proposed amendment also requires HDHPs to eliminate all deductible requirements on any preventative care identified by the IRS.		Senate Insurance
SB 2965 (Crowe)	Allows dentists to administer vaccinations to patients 18 years of age or older contingent upon recommendation by the CDC or the Director of Public Health (there is currently no provision requiring insurance coverage of these services).	MONITOR	Senate Licensed Activities

Bill Number	Bill Description/Action	ILHIC Position	Status
SB 2972 (Bertino-Tarrant)	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. <i>Similar to HB 1442 (Mussman).</i>	OPPOSE	Senate Assignments
SB 3117 (Manar)	Requires PBMs to have a fiduciary duty to a third party with whom they are contracted. The US DOL has already ruled that PBMs do not have a fiduciary duty because they do not assume risk – the risk would apply to the insurer with whom the PBM contracts as a third-party administrator.	OPPOSE	Senate Insurance
SB 3120 (Syverson)	Creates the Uniform Electronic Transactions in Health Care Billing Act to require all health plan carriers and health care providers to exchange claims and eligibility information electronically using the companion guides, implementation guides, timelines, and standard electronic data interchange transactions for claims submissions, payments, and verification of benefits. This is an initiative of the IL State Dental Society.	OPPOSE	Senate Insurance
SB 3147 (Feigenholtz)	Requires the Director of Public Health to issue a standing order for the issuance of a prescription for a smoking cessation product. Mandates coverage for patient care services provided by a pharmacist for smoking cessation assessments and consultations.	OPPOSE	Senate Subcomm. On Special Issues
SB 3411 (Fine)	Requires insurers to offer at least 51% of individual and group plans provided within a service area and level of coverage specified by federal law a plan that follows 1) a co-payment structure to the entire drug benefit; 2) applies a monthly out-of-pocket cost to a specified amount for prescription drugs; or 3) applies an annual out-of-pocket cost to a specified amount for prescription drugs. This is an initiative of the American Cancer Society. <i>Identical to HB 4477 (Harris).</i>	OPPOSE	Senate Assignments
SB 3425 (Bush)	Provides that a workgroup convened by the Department of Insurance and the Department of Healthcare and Family services shall provide recommendations to the General Assembly on health plan data reporting requirements that separately break out data on mental, emotional, nervous, or substance use disorder or condition benefits and data on other medical benefits no later than May 31, 2020 (rather than December 31, 2019) as originally set forth by P.A. 100-1024 . The working group is set to beginning meeting on February 28 through mid-May and the provisions of the bill do not include a similar delay in the insurer reporting requirements, which are set to begin on July 1, 2020. <i>A similar bill – SB 3832 (Bush) – moves the workgroup recommendation deadline to June 30, 2020.</i>	OPPOSE (without similar considerations of delay in insurer reporting requirements)	Senate Second Reading
SB 3545 (Fine)	Mandates coverage for anti-epileptic drugs and may not impose a waiting period	OPPOSE	Senate

Bill Number	Bill Description/Action	ILHIC Position	Status
	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 substitute a therapeutically equivalent generic drug for a prescription drug or interchange an anti-epileptic drug or formulation of an anti-epileptic drug for the treatment of epilepsy.		Assignments
SB 3611 (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.	OPPOSE	Senate Insurance
SB 3678 (Fine)	Kennedy Forum of IL (KFI) initiative that establishes a new Mental Health and Substance Use Disorder Parity Compliance Officer to assist in the responsibilities of enforcing mental health parity compliance at DOI and HFS. The provisions also set forth specific behavioral health coverage criteria, including medical necessity standards (as set forth in <i>Wit v. United Behavioral Health</i> according to KFI) and coverage for out-of-network services when insurers fail to meet time/distance standards, including establishing new penalties for non-compliance. <i>Identical to HB 5498.</i>	OPPOSE	Senate Insurance
SB 3732 (Fine)	Provides the Department of Insurance with the authority to disapprove rates for individual and small group ACA compliant health insurance plans. The bill further defines what is considered “reasonable” in terms of the rates and gives the Department 45 days to review the rates before they are automatically deemed approved (with a 30-day extension option). <i>Provisions identical to SB 665, as amended by Senate Amendment #1.</i>	OPPOSE	Senate Insurance
SB 3733 (Manar)	Requires insurers to immediately substitute generic equivalents approved by the FDA for the brand name drug or move the brand name drug to a formulary tier that reduces an enrollee’s cost.	OPPOSE	Senate Insurance
SB 3734 (Manar)	Provides that a pharmacy benefit manager may not reimburse a pharmacist or pharmacy for a prescription drug or pharmacy service in an amount less than the amount the pharmacy benefit manager reimburses itself or an affiliate for the same prescription drug or pharmacy service.	MONITOR	Senate Insurance
SB 3735 (Manar)	Requires an insurer to apply any third-party payment, financial assistance, discount, patient voucher, or other reduction in out-of-pocket expenses made by or on behalf of an insured for prescription drugs toward the insured's deductible, copay, cost-sharing responsibility, or out-of-pocket maximum associated with the	OPPOSE	Senate Assignments

Bill Number	Bill Description/Action	ILHIC Position	Status
	insured's policy. <i>Similar provisions were enacted under HB 465/ P.A. 101-0452 last year.</i>		
SB 3740 (Manar)	Requires a pharmacy benefit manager to pay the full amount paid by a health insurer or health benefit plan for prescription drug coverage to a pharmacy for such prescription drugs, less the amount of the pharmacy benefit manager's administrative costs.	MONITOR	Senate Insurance
SB 3741 (Manar)	Prohibits a pharmacy benefit manager from requiring that a covered prescription drug be filled by a mail-order pharmacy as a condition for reimbursement of the cost of the prescription drug.	OPPOSE	Senate Insurance
SB 3822 (Holmes)	IL State Medical Society Initiative that creates the Prior Authorization Reform Act outlining requirements concerning disclosure and review of prior authorization requirements, denial of claims or coverage by a utilization review program, and the implementation of prior authorization requirements or restrictions. <i>Identical to HB 5510.</i>	OPPOSE	Senate Assignments
SB 3832 (Bush)	Provides that a workgroup convened by the Department of Insurance and the Department of Healthcare and Family services shall provide recommendations to the General Assembly on health plan data reporting requirements that separately break out data on mental, emotional, nervous, or substance use disorder or condition benefits and data on other medical benefits no later than June 30, 2020 (rather than December 31, 2019) as originally set forth by P.A. 100-1024 . The working group is set to beginning meeting on February 28 and the provisions of the bill do not include a similar delay in the insurer reporting requirements, which are set to begin on July 1, 2020. <i>A similar bill – SB 3425 (Bush) – moves the workgroup recommendation deadline to May 31, 2020.</i>	OPPOSE (without similar considerations of delay in insurer reporting requirements)	Senate Human Services
SB 3862 (Manar)	Provides clean-up of HSA-eligible high deductible health plan exemptions with respect to certain IL mandates that eliminate cost-sharing requirements of otherwise non-preventive services, as well as provides flexibility in exemption from future non-preventive services mandates that eliminates cost-sharing requirements. The bill also establishes filing requirements, including identification of HSA-eligible and non-HSA eligible plans, as well as mandatory disclosures to the consumer. <i>(This is a DOI initiative.)</i>	OPPOSE	Senate Insurance
SB 3869 (Collins)	AARP Initiatives amending the Network Adequacy and Transparency Act to requiring a network plan to make available in its provider directory information about whether a provider offers the use of telehealth or telemedicine to deliver	OPPOSE	Senate Insurance

	Bill Number	Bill Description/Action	ILHIC Position	Status
		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.		