

## ILHIC KEY BILLS (By Product Issue)– 5-20-2020

GENERAL - ALL PRODUCTS	Bill Number	Bill Description/Action	ILHIC Position	Status
	<a href="#">HB 272 (Harris)</a>	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>	<b>OPPOSE</b>	House - Rules
	<a href="#">HB 3451 (Yednock)</a>	Mandates all insurance policies shall be subject to certain readability standards, as determined by the Department of Insurance.	<b>OPPOSE</b>	House - Rules
	<a href="#">HB 3965 (Welch)</a>	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.	<b>OPPOSE</b>	House Second Reading
	<a href="#">HB 4028 (Jones)</a>	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.	<b>OPPOSE</b>	House Appropriations – Public Safety
	<a href="#">HB 4372 (Jones)</a>	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 ( <a href="#">SB 1377/P.A. 101-0549</a> ) last fall, which took effect on January 1. The proposed changes would: <ol style="list-style-type: none"> <li>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;</li> <li>2. Delete the consideration of non-admitted assets in the determination of compliance with the Uniform Fraudulent Transfer Act and the resulting</li> </ol>	<b>NEUTRAL</b>	House - Insurance

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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><a href="#">HB 4573 (Zalewski)</a></p>	<p><b>Treasurer's RUUPA Initiative.</b> 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><b>OPPOSE</b></p>	<p>House Revenue &amp; Finance</p>
<p><a href="#">HB 5528 (Jones)</a></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><b>NEUTRAL</b></p>	<p>House - Insurance</p>
<p><a href="#">SB 3153 (Crowe)</a></p>	<p><b>Treasurer's RUUPA Initiative.</b> 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><b>OPPOSE</b></p>	<p>Senate - Judiciary</p>

	<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
		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>		
	<a href="#">SB 3989 - Plummer</a>	Creates the COVID-19 Immunity Act. Provides that, notwithstanding any other provision of law, any individual, business, or unit of local government shall not be liable for any civil damages for any acts or omissions that result in the transmission of COVID-19, other than damages occasioned by willful and wanton misconduct by the individual, business, or unit of local government. Provides that, with the exception of willful and wanton misconduct, a health care provider shall be immune from civil liability for any injury or death relating to the diagnosis, transmission, or treatment of COVID-19 alleged to have been caused by any act or omission by the health care provider, which injury or death occurred at a time when health care provider was providing health care services consistent with current guidance issued by the Department of Public Health. Provides that the Act applies to any cause of action arising on or after January 1, 2020. Effective immediately.		<b>Senate - Assignments</b>
<b>DATA PRIVACY &amp; CYBERSECURITY</b>	<a href="#">HB 2736 (Buckner)</a>	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.</i> Provides for blanket exemption for entities subject to GLBA; <i>however, provisions granting an exemption for entities subject to HIPAA are less clear.</i>	<b>OPPOSE</b>	<b>House Cybersecurity, Data, Analytics &amp; IT</b>
	<a href="#">HB 2829 (Stava-Murray)</a>	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>	<b>OPPOSE</b>	<b>House - Rules</b>
	<a href="#">HB 3357 (Turner) - House Amendment #1</a>	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	<b>OPPOSE</b>	<b>House - Rules</b>

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	privacy laws that govern insurance.		
<a href="#">HB 3358</a> <a href="#">(Turner/Cullerton)</a>	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. <a href="#">House Amendment #3</a> 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.	<b>NEUTRAL as amended (OPPOSE bill as introduced)</b>	Senate Assignments
<a href="#">HB 5204</a> <a href="#">(Wheeler)</a>	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).	<b>MONITOR</b>	House Commercial Law Subcommittee
<a href="#">HB 5288</a> (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 Industry pushed for the introduction of the legislation, which contains provisions to which they could agree.</i>	<b>MONITOR</b>	House Cybersecurity, Data, Analytics & IT
<a href="#">HB 5397</a> <a href="#">(Wheeler)</a>	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).	<b>OPPOSE without JOINT TRADE CHANGES</b>	House - Rules
<a href="#">HB 5603</a> <a href="#">(Mussman)</a>	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>	<b>MONITOR</b>	House - Rules
<a href="#">SB 2149</a> (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).	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 2263</a> (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.	<b>MONITOR</b>	Senate - Judiciary

	<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	<a href="#">SB 2330 (Cullerton)</a>	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).	<b>MONITOR</b>	Senate - Judiciary
	<a href="#">SB 3299 (Fine)</a>	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>	<b>MONITOR</b>	Senate - Judiciary
<b>LIFE, DISABILITY, LTC, SUPPLEMENTAL PRODUCTS</b>	<a href="#">HB 469 (Hoffman) - House Amendment #1 and House Amendment #2</a>	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).	<b>NEUTRAL</b>	House - Rules
	<a href="#">HB 2375 (Batinick)</a>	Removes the current 181-day, nonrenewable restrictions enacted last year on short-term limited duration plans.	<b>SUPPORT</b>	House - Rules
	<a href="#">HB 2644 (Mayfield)</a>	Prohibits insurers (including supplemental policies) from discriminating in their underwriting on the basis of a felony conviction. Reintroduction of a bill from the 99 <sup>th</sup> General Assembly – HB 4572 (Mayfield) – which lost in House Insurance Committee in 2016.	<b>OPPOSE</b>	House- Rules
	<a href="#">HB 4000 (McDermed)</a>	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.	<b>NEUTRAL</b>	House Health Insurance Subcommittee
	<a href="#">HB 4094 (Skillicorn)</a>	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).	<b>SUPPORT</b>	House - Rules
	<a href="#">HB 4147 (Gong-Gershowitz)</a>	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</i>	<b>OPPOSE</b>	House - Rules

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	<i>looking into the standardization of regulatory oversight of LTC rates.</i>		
<a href="#">HB 4650 (Bailey)</a>	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.	<b>OPPOSE</b>	House - Insurance
<a href="#">HB 5079 (Reitz)</a>	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>	<b>OPPOSE</b>	House- Insurance
<a href="#">HB 5265 (Mason)</a>	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 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.	<b>OPPOSE</b>	House - Rules
<a href="#">HB 5373 (Bailey)</a>	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.	<b>MONITOR</b>	House Revenue & Finance
<a href="#">HB 5525 (Reitz)</a>	Adds to provisions enacted <a href="#">P.A. 101-0179</a> 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, <b>and without any additional risks</b> , because of the individual's status as a living organ donor.		House - Insurance
<a href="#">SB 27 (Manar)</a>	Mandates and outlines coverage requirements for telehealth services, including requiring reimbursement parity for telehealth services with in-person services. As	<b>OPPOSE (as introduced)</b>	Senate Assignments

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	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.		
<a href="#">SB 1723 (Villivalam)</a>	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.	<b>OPPOSE</b>	<b>Senate Assignments</b>
<a href="#">SB 2501 (Murphy)</a>	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.	<b>OPPOSE</b>	<b>Senate- Insurance</b>
<a href="#">SB 2746 (Morrison)</a>	Prohibits mandatory arbitration and discretionary clauses in life, health, or disability insurance policies. Illinois Insurance regulations – <a href="#">Section 2001.3</a> – already prohibit the use of discretionary clauses in these policies.	<b>OPPOSE</b>	<b>Senate - Insurance</b>
<a href="#">SB 3639 (Fine)</a>	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.	<b>NEUTRAL</b>	<b>Senate - Insurance</b>
<a href="#">SB 3670 (Morrison)</a>	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.	<b>OPPOSE</b>	<b>Senate - Insurance</b>
<a href="#">SB 3714 (Harris)</a>	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.	<b>OPPOSE</b>	<b>Senate - Insurance</b>
<a href="#">SB 3721 (Syverson)</a>	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.		<b>Senate - Insurance</b>

	<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
<b>RETIREMENT/ANNUITIES</b>	<a href="#">HB 3993 (Stuart)</a>	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.	<b>MONITOR</b>	<b>House Second Reading</b>
	<a href="#">HB 5229 (Guzzardi)</a>	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>	<b>OPPOSE</b>	<b>House Personnel &amp; Pensions</b>
	<a href="#">HB 5317 (Moeller)</a>	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.	<b>MONITOR</b>	<b>House Personnel &amp; Pensions</b>
	<a href="#">SB 3439 (Crowe)</a>	Amends the Illinois Securities Law of 1953 to establish protections against the 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.	<b>OPPOSE</b>	<b>Senate - Judiciary</b>
	<a href="#">SB 3811 (Martwick)</a>	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>	<b>OPPOSE</b>	<b>Senate State Government</b>
	<a href="#">SB 3852 (Villivalam)</a>	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>	<b>MONITOR</b>	<b>Senate Assignments</b>
	<b>H F</b>	<a href="#">HB 8 (Flowers)</a>	Creates the Medicare for All single payer health care program.	<b>OPPOSE</b>

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
<a href="#">HB 122</a> <a href="#">(Kalish/Fine)</a>	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. <b><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></b>	<b>MONITOR</b>	<b>Senate Assignments</b>
<a href="#">HB 156</a> <a href="#">(Flowers/Manar)</a>	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.	<b>OPPOSE</b>	<b>Senate Assignments</b>
<a href="#">HB 466 (Scherer) - House Amendment #1</a>	As amended, the bill mandates commercial health insurance coverage for all substance use services/treatments currently covered under Medicaid.	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 471</a> <a href="#">(Morgan/Fine)</a>	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.	<b>OPPOSE</b>	<b>Senate Assignments</b>
<a href="#">HB 815 (Morgan)</a>	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 ( <a href="#">House Amendment #2</a> ). <a href="#">House Amendment #3</a> removes the long-term care rate regulation language and only addresses Department authority over the rates for individual/small group health insurance rates.	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 1442</a> <a href="#">(Mussman)</a>	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.	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 2162</a> <a href="#">(Hoffman)</a>	Prohibits an insurer from discrimination against a provider acting within the scope of their license. Initiative of the Chiropractors.	<b>OPPOSE</b>	<b>House - Rules</b>

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
<a href="#">HB 2174 (Willis/Fine)</a>	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.	<b>NEUTRAL</b>	<b>Senate Assignments</b>
<a href="#">HB 2347 (Harris)</a>	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). Provisions were amended and added into HB 465/P.A. 101-0452 (ILIC worked on the language added into HB 465).</i>	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 2435 (Flowers)</a>	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 coverage for care that the provider deems necessary).	<b>OPPOSE</b>	<b>House Second Reading</b>
<a href="#">HB 2495 (Cassidy)</a>	Omnibus women’s reproductive health bill, that, as introduced, mandates insurance coverage for abortion coverage <b>at no cost share</b> . <a href="#">House Amendment #1</a> 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>	<b>NEUTRAL on House Amendment #1 (OPPOSE bill as introduced)</b>	<b>House - Rules</b>
<a href="#">HB 2790 (Yednock)</a>	Prohibits prior authorization from being applied to any “life saving” procedure. “Life saving” is not defined.	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 3177 (Mazzoichi)</a>	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.	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 3188 (Mazzoichi)</a>	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.	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 3472 (Conroy)</a>	Mandates coverage for all opioid antagonists and prohibits cost-sharing for the	<b>OPPOSE</b>	<b>House - Rules</b>

Bill Number	Bill Description/Action	ILHIC Position	Status
	member. Health insurers and PBMs negotiated compromise language enacted last year <a href="#">P.A. 100-1024</a> 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.		
<a href="#">HB 3673 (Harper)</a>	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>	<b>OPPOSE</b>	House - Rules
<a href="#">HB 3700 (Costa Howard)</a>	Mandates coverage for prescription inhalants for children aged 18 or younger. Provisions are not tied to medical necessity, but does reference “prescription.” <a href="#">House Amendment #1</a> ties coverage provisions to medical necessity. <i>The amendment has not been adopted.</i>	<b>OPPOSE (NEUTRAL with House Amendment #1)</b>	House Second Reading
<a href="#">HB 3811 (Batinick)</a>	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>	<b>OPPOSE</b>	House - Rules
<a href="#">HB 3869 (Villa)</a>	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>	<b>OPPOSE</b>	House - Rules
<a href="#">HB 4433 (Morgan)</a>	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 <a href="#">class action lawsuit</a> filed against Delta Dental alleging anti-competitive behavior.	<b>MONITOR (ISDS Initiative)</b>	House Second Reading
<a href="#">HB 4477 (Harris)</a>	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	<b>OPPOSE</b>	House Prescription Drug

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	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.		<b>Affordability &amp; Access</b>
<a href="#">HB 4479 (Willis)</a>	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.	<b>OPPOSE</b>	<b>House Health Care Availability &amp; Accessibility</b>
<a href="#">HB 4633 (LaPointe)</a>	Sets forth time and distance standards for mental health providers. The proposed changes do not amend the existing network adequacy law ( <a href="#">P.A. 100-502</a> ) 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. <i>Identical to SB 2741 (Fine)</i> .	<b>OPPOSE</b>	<b>House - Insurance</b>
<a href="#">HB 4650 (Bailey)</a>	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.	<b>OPPOSE</b>	<b>House - Insurance</b>
<a href="#">HB 4789 (Swanson)</a>	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.	<b>OPPOSE</b>	<b>House Health Insurance Subcommittee</b>
<a href="#">HB 4847 (Mazzochi)</a>	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> .	<b>OPPOSE</b>	<b>House - Rules</b>
<a href="#">HB 4876 (Pappas)</a>	Mandates first dollar coverage for follow-up colonoscopy screenings. The provisions include exclusions for health savings accounts tied to high-deductible health plans.	<b>OPPOSE</b>	<b>House - Insurance</b>
<a href="#">HB 4963 (Didech)</a>	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	<b>OPPOSE</b>	<b>House - Rules</b>

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	further allows licensed Nursing Home facilities to serve as an originating site).		
<a href="#">HB 5040 (Mazzochi)</a>	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.	<b>OPPOSE</b>	House - Rules
<a href="#">HB 5079 (Reitz)</a>	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>	<b>OPPOSE</b>	House - Insurance
<a href="#">HB 5181 (Yingling)</a>	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).	<b>MONITOR</b>	House - Rules
<a href="#">HB 5230 (Unes)</a>	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.	<b>MONITOR</b>	House Health Insurance Subcommittee
<a href="#">HB 5290 (Mazzochi)</a>	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.	<b>MONITOR</b>	House - Rules
<a href="#">HB 5442 (Harris)</a>	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.	<b>MONITOR</b>	House - Insurance
<a href="#">HB 5443 (Harris)</a>	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. <b><i>According to the sponsor, this will be the vehicle for discussion/negotiations on the proposal (instead of HB 5442).</i></b>	<b>MONITOR</b>	House - Rules
<a href="#">HB 5484</a>	Requires health insurers to cap out-of-pockets costs for diabetic self-management	<b>OPPOSE</b>	House - Insurance

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
<a href="#">(Stephens)</a>	supplies to \$100 for a 30-day supply.		
<a href="#">HB 5489 (Buckner)</a>	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.	<b>MONITOR</b>	<b>House Appropriations Human Services</b>
<a href="#">HB 5490 (Villa)</a>	Requires health insurers to cover medically necessary opioid addiction treatment.	<b>NO POSITION</b>	<b>House - Insurance</b>
<a href="#">HB 5498 (Conroy)</a>	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 SB 3678.</i>	<b>OPPOSE</b>	<b>House Mental Health</b>
<a href="#">HB 5509 (Meyers-Martin)</a>	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.	<b>OPPOSE</b>	<b>House - Insurance</b>
<a href="#">HB 5510 (Harris)</a>	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>	<b>OPPOSE</b>	<b>House Human Services</b>
<a href="#">HB 5533 (Edly-Allen)</a>	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.		<b>House - Insurance</b>
<a href="#">HB 5619 (Pappas)</a>	Provides that companies that issue group policies of accident and health insurance must offer such policies to local chambers of commerce.	<b>OPPOSE</b>	<b>House- Rules</b>
<a href="#">HB 5629 (Gabel)</a>	Establishes a new licensure for midwives and mandates insurance coverage of these provider types.	<b>OPPOSE</b>	<b>House Appropriations Human Services</b>
<a href="#">HB 5656 (Pizer)</a>	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	<b>NEUTRAL</b>	<b>House Human Services</b>

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	pregnancy-related benefits.		
<a href="#">SB 27 (Manar)</a>	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.	<b>OPPOSE (as introduced)</b>	<b>Senate Assignments</b>
<a href="#">SB 652 (Manar) - Senate Amendment #1</a>	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 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>	<b>OPPOSE</b>	<b>Senate Assignments</b>
<a href="#">SB 665 - Fine - Senate Amendment #1</a>	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)	<b>OPPOSE (as amended)</b>	<b>Senate Assignments</b>
<a href="#">SB 1187 (Oberweis)</a>	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.	<b>OPPOSE (as amended)</b>	<b>Senate Assignments</b>
<a href="#">SB 1419 (Fine)</a>	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>	<b>OPPOSE</b>	<b>Senate Assignments</b>
<a href="#">SB 1420 (Murphy)</a>	Mandates coverage for hippotherapy and other forms of therapeutic riding.	<b>OPPOSE</b>	<b>Senate - Insurance</b>
<a href="#">SB 1633 (Stears)</a>	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>	<b>OPPOSE</b>	<b>Senate Assignments</b>

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
<a href="#">SB 1710 (Ellman)</a>	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. <a href="#">Senate Amendment #1</a> removes the medication synchronization provisions.	<b>NEUTRAL as amended (OPPOSE bill as introduced)</b>	Senate Assignments
<a href="#">SB 1942 (Bush)</a>	Omnibus women’s reproductive health bill, which mandates insurance coverage for abortion coverage <b>at no cost share</b> . 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 passed in SB 25.</i>	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 2056 (Murphy)</a>	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: <a href="#">P.A. 100-1052</a> . 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: <a href="#">P.A. 100-0502</a> .	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 2255 (Fine)</a>	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>	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 2286 (Rezin)</a>	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.	<b>MONITOR</b>	Senate - Insurance
<a href="#">SB 2396 SA#1 Gillespie</a>	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	<b>MONITOR</b>	Senate Bill as Introduced – Third Reading Amendment #1 – Human Services

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	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.		
<a href="#">SB 2457 (Morrison)</a>	Eliminates the age limit (18 or under) on the newly enacted law requiring coverage for medically necessary epinephrine injectors (P.A. 101-281).	<b>NEUTRAL</b>	<b>Senate Third Reading</b>
<a href="#">SB 2470 (Murphy)</a>	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: <a href="#">P.A. 100-1052</a> . 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: <a href="#">P.A. 100-0502</a> . <i>Identical to SB 2056 (Murphy)</i>	<b>OPPOSE</b>	<b>Senate - Insurance</b>
<a href="#">SB 2561 (Fine)</a>	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.	<b>OPPOSE</b>	<b>Senate Second Reading</b>
<a href="#">SB 2740 (Fine)</a>	Sets forth time and distance standards for mental health providers. The proposed changes do not amend the existing network adequacy law ( <a href="#">P.A. 100-502</a> ) 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.	<b>OPPOSE</b>	<b>Senate Second Reading</b>
<a href="#">SB 2771 (Fine)</a>	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).	<b>OPPOSE</b>	<b>Senate Second Reading</b>
<a href="#">SB 2781 (Fine)</a>	Mandates coverage for cleft palate corrective surgery, including necessary dental	<b>OPPOSE</b>	<b>Senate - Insurance</b>

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	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>		
<a href="#">SB 2891 (Harris)</a>	<a href="#">Senate Amendment #1</a> 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
<a href="#">SB 2965 (Crowe)</a>	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).	<b>MONITOR</b>	Senate Licensed Activities
<a href="#">SB 2972 (Bertino-Tarrant)</a>	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>	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 3117 (Manar)</a>	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.	<b>OPPOSE</b>	Senate - Insurance
<a href="#">SB 3120 (Syverson)</a>	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.	<b>OPPOSE</b>	Senate - Insurance
<a href="#">SB 3147 (Feigenholtz)</a>	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.	<b>OPPOSE</b>	Senate Subcommittee On Special Issues
<a href="#">SB 3411 (Fine)</a>	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	<b>OPPOSE</b>	Senate Assignments

Bill Number	Bill Description/Action	ILHIC Position	Status
	initiative of the American Cancer Society. <i>Identical to HB 4477 (Harris).</i>		
<a href="#">SB 3425 (Bush)</a>	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 <a href="#">P.A. 100-1024</a> . 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>	<b>OPPOSE (without similar considerations of delay in insurer reporting requirements)</b>	Senate Second Reading
<a href="#">SB 3545 (Fine)</a>	Mandates coverage for anti-epileptic drugs and may not impose a waiting period or any deductible, coinsurance, copayment, or other cost-sharing limitation greater than other coverage provided. Further provides that anti-seizure prescription drugs may not be substituted with a generic drug under provisions of the Pharmacy Practice Act under which a pharmacist may 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.	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 3611 (Fine)</a>	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.	<b>OPPOSE</b>	Senate - Insurance
<a href="#">SB 3678 (Fine)</a>	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>	<b>OPPOSE</b>	Senate - Insurance
<a href="#">SB 3732 (Fine)</a>	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</i>	<b>OPPOSE</b>	Senate - Insurance

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	<i>amended by Senate Amendment #1.</i>		
<a href="#">SB 3733 (Manar)</a>	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.	<b>OPPOSE</b>	Senate - Insurance
<a href="#">SB 3734 (Manar)</a>	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.	<b>MONITOR</b>	Senate - Insurance
<a href="#">SB 3735 (Manar)</a>	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 insured's policy. <b>Similar provisions were enacted under HB 465/P.A. 101-0452 last year.</b>	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 3740 (Manar)</a>	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.	<b>MONITOR</b>	Senate - Insurance
<a href="#">SB 3741 (Manar)</a>	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.	<b>OPPOSE</b>	Senate - Insurance
<a href="#">SB 3822 (Holmes)</a>	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>	<b>OPPOSE</b>	Senate Assignments
<a href="#">SB 3832 (Bush)</a>	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 <a href="#">P.A. 100-1024</a> . 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</i>	<b>OPPOSE (without similar considerations of delay in insurer reporting requirements)</b>	Senate Human Services

<b>Bill Number</b>	<b>Bill Description/Action</b>	<b>ILHIC Position</b>	<b>Status</b>
	<i>workgroup recommendation deadline to May 31, 2020.</i>		
<a href="#">SB 3862 (Manar)</a>	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>	<b>OPPOSE</b>	<b>Senate - Insurance</b>
<a href="#">SB 3869 (Collins)</a>	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 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.	<b>OPPOSE</b>	<b>Senate - Insurance</b>