

Insurance and Healthcare

HB 239 DRUG MANUFACTURER-DISCLOSURES

House Sponsor Rep. Mary E. Flowers

Amends the Illinois Food, Drug and Cosmetic Act. Requires manufacturers of brand name or generic prescription drugs to notify State purchasers, health insurers, health care service plan providers, pharmacy benefit managers, and the General Assembly of specified increases in drug prices at least 60 days before such increase and the cost of specified new prescription drugs within 3 days after approval by the U.S. Food and Drug Administration. Provides that within 30 days after such notifications, prescription drug manufacturers shall report specified information to State purchasers, health insurers, health care service plan providers, pharmacy benefit managers, and the General Assembly. Provides that failure to report such information shall result in a specified civil penalty. Requires the General Assembly to conduct an annual public hearing on aggregate trends in prescription drug pricing. Provides that if the manufacturer of a prescription drug or its agent meets or otherwise communicates with a prescriber for the purpose of marketing a drug, then the manufacturer or its agent shall disclose to the prescriber if any ingredient in the drug it is marketing is known to pose a risk of dependency in humans. Makes other changes.

HB 240 PRESCRIPTION DATA PRIVACY

House Sponsor Rep. Mary E. Flowers

Amends the Third Party Prescription Programs Article of the Insurance Code, the Pharmacy Practice Act of 1987, and the Wholesale Drug Distribution Licensing Act. Prohibits the licensure, transference, use, or sale of any records relative to prescription information containing patient-identifiable or prescriber-identifiable data by any licensee or registrant of the Acts for commercial purposes.

HB 311 NETWORK ADEQUACY TRANSPARENCY

House Sponsor Rep. Gregory Harris

Creates the Network Adequacy and Transparency Act. Provides that administrators and insurers, prior to going to market, must file with the Department of Insurance for review and approval a description of the services to be offered through a network plan, with certain criteria included in the description. Provides that the network plan shall demonstrate to the Department, prior to approval, a minimum ratio of full-time equivalent providers to plan beneficiaries and maximum travel and distance standards for plan beneficiaries, which shall be established annually by the Department based upon specified sources. Provides that the Department shall conduct quarterly audits of network plans to verify

compliance with network adequacy standards. Establishes certain notice requirements. Provides that a network plan shall provide for continuity of care for its beneficiaries under certain circumstances and according to certain requirements. Provides that a network plan shall post electronically a current and accurate provider directory and make available in print, upon request, a provider directory subject to certain specifications. Provides that the Department is granted specific authority to issue a cease and desist order against, fine, or otherwise penalize any insurer or administrator for violations of any provision of the Act. Makes other changes. Effective January 1, 2018.

HB 401 INS CD-POLICY FORMS-EXEMPT

House Sponsor Rep. David B. Reis and Arthur Turner

Amends the Illinois Insurance Code. Provides that policies issued to an exempt commercial purchaser or an industrial insured (rather than just an industrial insured), except for workers' compensation policies, are not subject to certain provisions concerning the filing of policy forms with the Director of Insurance. Effective immediately.

HB 508 MOBILE SPECIALTY CARE PROVIDER

House Sponsor Rep. Kathleen Willis

Amends the Illinois Public Aid Code. Provides that mobile specialty care providers that serve children enrolled in a managed care organization shall not be required to obtain prior authorization in order to receive reimbursement for all services within the normal scope of chronic disease management, including, but not limited to, asthma, diabetes, obesity, and reproductive health. Requires mobile specialty care providers to make all reasonable attempts, as defined by rule of the Department of Healthcare and Family Services, to connect the children they serve to their primary care physician or an appropriate hospital defined as a Safety-Net Hospital under the Code to maintain a proper medical home. Defines "mobile specialty care provider". Requires the Department to adopt any rules necessary to implement these provisions. Effective July 1, 2017.

HB 693 INS CD-COPAYMENTS

House Sponsor Rep. Robert Martwick

Amends the Illinois Insurance Code. Provides that a health benefit plan or health carrier, including, but not limited to, a preferred provider organization, an independent physician association, a third-party administrator, or any entity that contracts with licensed health care providers shall not impose any fixed co-payment that exceeds 50% of the total billed charges for health care services provided to an insured or enrolled during a visit to a health care provider.

HB 694 INS CD-NONDISCRIMINATION

House Sponsor Rep. Robert Martwick

Amends the Illinois Insurance Code. Provides that neither a group health plan nor an accident and health insurer offering group or individual health insurance coverage shall discriminate with respect to participation under the plan or

coverage against any health care provider who is acting within the scope of that provider's license or certification under applicable State law.

HB 1796 HEALTH INSURANCE ASSESSMENT

House Sponsor Rep. Gregory Harris

Creates the Health Insurance Claims Assessment Act. Imposes an assessment of 1% on claims paid by a health insurance carrier or third-party administrator. Provides that the moneys received and collected under the Act shall be deposited into the Healthcare Provider Relief Fund and used solely for the purpose of funding Medicaid services provided under the medical assistance programs administered by the Department of Healthcare and Family Services.

HB 2376 FAMILY LEAVE INSURANCE PROGRAM

House Sponsor Rep. Mary E. Flowers

Creates the Family Leave Insurance Program Act. Requires the Department of Labor to establish and administer a Family Leave Insurance Program that provides family leave insurance benefits to eligible employees who take unpaid family leave to care for a newborn child, a newly adopted or newly placed foster child, or a family member with a serious health condition. Sets forth eligibility requirements for benefits under the Act including that the employee must (i) establish that he or she has been employed for at least 680 hours in employment during the employee's qualifying year and (ii) document that he or she has provided the employer with written notice of the employee's intention to take family leave. Defines "employer" to mean (a) any person, partnership, corporation, association, or other business entity that employs 50 or more employees for each working day during each of 20 or more calendar workweeks in the year in which the leave is to be taken or in the year immediately preceding the year in which the leave is to be taken; and (b) the State of Illinois and any other unit of local government. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family leave; defined terms; and other matters. Amends the State Finance Act. Creates the Family Leave Insurance Account Fund.

HB 2392 PHARMACY-PRESCRIPTION LIMITS

House Sponsor Rep. Mary E. Flowers

Amends the Pharmacy Practice Act. Requires that at least one registered pharmacy technician be on duty whenever the practice of pharmacy is conducted. Requires that pharmacies fill no more than 10 prescriptions per hour. Requires 10 pharmacy technician hours per 100 prescriptions filled. Prohibits pharmacies from requiring pharmacists to participate in advertising or soliciting activities that may jeopardize patient health, safety, or welfare and any activities or external factors that interfere with the pharmacist's ability to provide appropriate professional services. Provides that a pharmacist shall receive specified break periods. Provides that a pharmacy may not require a pharmacist

to work during a break period, shall make available a break room meeting specified requirements, shall keep a complete and accurate record of the break periods and may not require a pharmacist to work more than 8 hours a workday. Provides for enforcement and penalties. Provides whistleblower protections for an employee of a pharmacy if the pharmacy retaliates against the employee for certain actions. Requires pharmacies to maintain a record of any errors in the receiving, filling, or dispensing of prescriptions.

HB 2436 MEDICARE FOR ALL HEALTH CARE

House Sponsor Rep. Mary E. Flowers

Creates the Illinois Medicare for All Health Care Act. Provides that all individuals residing in the State are covered under the Illinois Health Services Program for health insurance. Sets forth the health coverage benefits that participants are entitled to under the Program. Sets forth the qualification requirements for participating health providers. Sets forth standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the Program. Provides that investor-ownership of health delivery facilities is unlawful. Provides that the State shall establish the Illinois Health Services Trust to provide financing for the Program. Sets forth the requirements for claims billing under the Program. Provides that the Program shall include funding for long-term care services and mental health services. Provides that the Program shall establish a single prescription drug formulary and list of approved durable medical goods and supplies. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Sets forth provisions concerning patients' rights. Provides that the employees of the Program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. Effective January 1, 2018.

HB 2496 PEN CD-SERS-DISABILITY

House Sponsor Rep. Robert Martwick

Amends the State Employee Article of the Illinois Pension Code. Allows licensed health care professionals (rather than just physicians) to make certain disability determinations. Defines "licensed health care professional". Requires a licensed health care professional to submit his or her registration number on all reports submitted to the System. Eliminates the 12-month application deadline for certain disability benefits. Makes changes to provisions concerning when a nonoccupational disability benefit begins to accrue. Also makes changes relating to Social Security full retirement age and to hearings under certain provisions of the Workers' Compensation Act and the Workers' Occupational Diseases Act. Makes a technical change. Effective immediately.

HB 2511 MEDICAID-EXCEPTION TO RX LIMIT

House Sponsor Rep. Sara Feigenholtz

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides

that drugs prescribed for residents of licensed long-term care facilities shall not be subject to prior approval as a result of the 4-prescription limit.

HB 2531 DRUG SUBSTITUTION-GENERIC

House Sponsor Rep. Norine K. Hammond

Amends the Illinois Food, Drug and Cosmetic Act. Deletes provisions requiring manufacturers to provide the Director of Public Health with a notification containing product technical bioequivalence information no later than 60 days prior to specified generic drug product substitution. Effective immediately.

HB 2534 CS-SYNTHETIC DRUGS AND ANALOGS

House Sponsor Rep. Avery Bourne

Amends the Illinois Controlled Substances Act. Requires that to be illegal a drug analog must not be approved by the United States Food and Drug Administration or, if approved, it is not dispensed or possessed in accordance with State and federal law. Defines "controlled substance" to include a synthetic drug enumerated as a scheduled drug under the Act. Adds chemical structural classes of synthetic cannabinoids and piperazines to the list of Schedule I controlled substances. Includes certain substances approved by the FDA which are not dispensed or possessed in accordance with State or federal law and certain modified substances.

HB 2617 INS CD-FERTILITY PRESERVATION

House Sponsor Rep. Robyn Gabel

Amends the Illinois Insurance Code to provide that a policy of accident or health insurance shall provide coverage for medically necessary expenses for standard fertility preservation services when a necessary medical treatment may directly or indirectly cause iatrogenic infertility to an enrollee. Defines "iatrogenic infertility". Provides that in determining coverage for these expenses, an insurer shall not discriminate based on an individual's expected length of life, present or predicted disability, degree of medical dependency, quality of life, or other health conditions, nor based on personal characteristics, including age, sex, sexual orientation, or marital status. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code.

HB 2622 INS CD-EMPLOYERS INS CO

House Sponsor Rep. Laura Fine

Amends the Illinois Insurance Code. In the provision concerning the Illinois Workers' Compensation Commission Operations Fund surcharge, provides that after the effective date of the amendatory Act, the Director of Insurance shall make one or more loans to the Illinois Employers Mutual Insurance Company (the Company) in an amount not to exceed an aggregate amount of \$10,000,000 from the Illinois Workers' Compensation Commission Operations Fund for the

start-up funding and initial capitalization of the Company. Creates the Illinois Employers Mutual Insurance Company Article in the Code and establishes the Company as a nonprofit, independent public corporation. Provides that the Company (1) shall be operated as a domestic mutual insurance company, subject to all applicable provisions of the Code, (2) shall issue insurance for workers' compensation and occupational disease and shall not provide any other type of insurance, (3) shall not be considered a State agency or instrumentality of the State for any purpose, and (4) shall not receive any State appropriations or funds, except for an initial loan or loans. Sets forth provisions concerning a board of directors, ratemaking, the Illinois Insurance Guaranty Fund, a chief executive officer, liability, a workplace safety plan, investments, dividends, the sale of policies, auditing requirements, and an annual report. Effective immediately.

HB 2624 HEALTH INS RATE REVIEW ACT

House Sponsor Rep. Laura Fine

Creates the Health Insurance Rate Review Act. Creates the independent quasi-judicial Health Insurance Rate Review Board to ensure insurance rates are reasonable and justified. Sets forth duties and prohibited activities concerning the Board. Creates the Health Insurance Rate Review Board Nomination Panel to provide a list of nominees to the Governor for appointment to the Health Insurance Rate Review Board. Sets forth the procedures for nomination. Provides requirements and procedures for health carriers to file current and proposed rates and rate schedules with the Health Insurance Rate Review Board. Provides that the Board shall review and approve or disapprove all rates and rate schedules filed or used by a health carrier. Sets forth provisions concerning rate standards, public notice, hearings, and the disapproval and approval of rates and rate schedules.

HB 2694 PATIENT RIGHTS-TRANSITION

House Sponsor Rep. Gregory Harris

Amends the Managed Care Reform and Patient Rights Act. In provisions concerning transition of services, provides that the health care plan shall not modify an enrollee's coverage of a drug during the plan year if the drug has been previously approved for coverage by the plan for a medical condition, the plan's prescribing provider continues to prescribe the drug for the medical condition, and the patient continues to be an enrollee of the health care plan. Provides specific prohibited modifications of drug coverage in the health plan. Provides that the provisions do not prohibit a health care plan from requiring a pharmacist to effect generic substitutions of prescription drugs. Provides that the provisions do not prohibit the addition of prescription drugs to a health care plan's list of covered drugs during the coverage year. Effective immediately.

HB 2721 INSURANCE-PANDAS/PANS

House Sponsor Rep. Deb Conroy

Amends the Illinois Insurance Code, the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the

Health Maintenance Organization Act, the Limited Health Service Organization Act, and the Voluntary Health Services Plans Act. Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act shall provide coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy. Effective immediately.

HB 2742 PHARM-AUTOMATIC REFILLS

House Sponsor Rep. Michael J. Zalewski

Amends the Pharmacy Practice Act. Requires the Department of Financial and Professional Regulation to adopt rules requiring pharmacy prescription systems, including, but not limited to, electronic systems, to contain mechanisms to require prescription discontinuation orders to be forwarded to a pharmacy, to require patient verification features for pharmacy automated prescription refills, and to require that automated prescription refills notices clearly communicate to patients the medication name, dosage strength, and any other information required by the Department governing the use of automated dispensing and storage systems. Provides that the rules shall ensure that discontinued medications are not automatically dispensed to a patient by a pharmacist or by any automatic refill dispensing system whether prescribed through electronic or paper prescriptions. Effective immediately.

HB 2956 INS CD-ABUSE DETERRENT OPIOIDS

House Sponsor Rep. Emily McAsey

Amends the Illinois Insurance Code, the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code. Prohibits insurers from requiring that a covered individual first use an opioid analgesic drug product without abuse-deterrence labeling claims before providing coverage for an abuse-deterrent opioid analgesic drug product.

HB 2957 INS CD-SYNCHRONIZATION

House Sponsor Rep. Laura Fine

Amends the Illinois Insurance Code. Provides that every policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for prescription drugs shall provide for synchronization of prescription drug refills on at least one occasion per insured per year provided that certain conditions are met. Requires insurers to provide prorated daily cost-sharing rates when necessary. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Services Organization Act, the Voluntary Health Services Plan Act, and the Illinois Public Aid Code. Effective immediately.

HB 2959 INS CD-PREEXISTING CONDITION

House Sponsor Rep. Laura Fine

Amends the Illinois Insurance Code. Provides that no policy of individual or group accident and health insurance issued, amended, delivered, or renewed on or after the effective date of this amendatory Act may impose any preexisting condition exclusion with respect to that plan or coverage.

HB 3223 INS CD-MULTIPLE SCLEROSIS

House Sponsor Rep. Ann M. Williams

Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance must provide coverage for medically necessary preventative physical therapy for insureds diagnosed with multiple sclerosis without any treatment limitation or calendar year maximum. Removes requirements that coverage under this provision be subject to the same waiting period, cost sharing limitation, treatment limitation, calendar year maximum, or other limitation as provided for other physical or rehabilitative therapy benefits.

HB 3285 INS CD-SYNCHRONIZE MEDICATION

House Sponsor Rep. Robert Rita and Marcus C. Evans, Jr.

Amends the Illinois Insurance Code. Provides that all entities providing prescription drug coverage shall permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a pharmacy for less than a 30-day supply if the prescriber or pharmacist indicates the fill or refill could be in the best interest of the patient or is for the purpose of synchronizing the patient's chronic medications. Provides that no entity providing prescription drug coverage shall deny coverage for the dispensing of any drug prescribed for the treatment of a chronic illness that is made in accordance with a plan among the insured, the prescriber, and a pharmacist to synchronize the refilling of multiple prescriptions for the insured. Provides that no entity providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees determined by calculation of the days' supply of medication dispensed. Provides that dispensing fees shall be determined exclusively on the total number of prescriptions dispensed. Establishes criteria for an entity conducting audits (either on-site or remotely) of pharmacy records. Provides that the Department of Insurance and Director of Insurance shall have the authority to enforce the provisions of the Act and impose financial penalties. Effective January 1, 2018.

HB 3572 COST LIST-PHRMICY BENEFITS MNGR

House Sponsor Rep. Cynthia Soto

Amends the Illinois Insurance Code. Provides regulation for the creation of a list of drugs used to set the maximum allowable cost on which reimbursement to a pharmacy or pharmacist may be based. Provides that before a pharmacy benefits manager places or continues a particular drug on a maximum allowable cost list, the drug shall meet specified requirements. Provides for the duties of a pharmacy benefits manager in his or her use of a maximum allowable cost list.

Provides for a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs and reimbursements made under a maximum allowable cost for a specific drug. Provides that a pharmacy benefits manager shall not reimburse a pharmacy or pharmacist in this State in an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services. Provides that a pharmacy or pharmacist may decline to provide pharmacist services to a patient or pharmacy benefits manager if, as a result of a maximum allowable cost list, a pharmacy or pharmacist is to be paid less than the pharmacy acquisition cost of the pharmacy providing pharmacist services. Provides that a violation of the provisions concerning maximum allowable cost lists and pharmacy benefits managers is a deceptive trade practice. Amends the Uniform Deceptive Trade Practices Act to make a conforming change. Defines terms.

HB 3875 INS CD-DEPENDENT HLTH COVERAGE

House Sponsor Rep. Michelle Mussman

Amends the Illinois Insurance Code. Provides that if an accident or health insurance policy states that coverage of a dependent person terminates upon the limiting age specified in the policy, the insurer shall not terminate hospital and medical coverage of a person with a disabling condition.

SB 70 NETWORK ADEQUACY TRANSPARENCY

Senate Sponsor Sen. Linda Holmes

Creates the Network Adequacy and Transparency Act. Provides that administrators and insurers, prior to going to market, must file with the Department of Insurance for review and approval a description of the services to be offered through a network plan, with certain criteria included in the description. Provides that the network plan shall demonstrate to the Department, prior to approval, a minimum ratio of full-time equivalent providers to plan beneficiaries and maximum travel and distance standards for plan beneficiaries, which shall be established annually by the Department based upon specified sources. Provides that the Department shall conduct quarterly audits of network plans to verify compliance with network adequacy standards. Establishes certain notice requirements. Provides that a network plan shall provide for continuity of care for its beneficiaries under certain circumstances and according to certain requirements. Provides that a network plan shall post electronically a current and accurate provider directory and make available in print, upon request, a provider directory subject to certain specifications. Provides that the Department is granted specific authority to issue a cease and desist order against, fine, or otherwise penalize any insurer or administrator for violations of any provision of the Act. Makes other changes. Effective January 1, 2018.

SB 193 INS CD-MULTIPLE SCLEROSIS

Senate Sponsor Sen. Terry Link

Amends the Illinois Insurance Code. Provides that a group or individual policy of

accident and health insurance must provide coverage for medically necessary preventative physical therapy for insureds diagnosed with multiple sclerosis without any treatment limitation or calendar year maximum. Removes requirements that coverage under this provision be subject to the same waiting period, cost sharing limitation, treatment limitation, calendar year maximum, or other limitation as provided for other physical or rehabilitative therapy benefits.

SB 969 INS CD-PHYSICAL THERAPY

Senate Sponsor Sen. Martin A. Sandoval

Amends the State Employees Group Insurance Act of 1971. Prohibits the program of health benefits under the Act from imposing a copayment, coinsurance, or office visit deductible amount charged to the insured for services rendered for each date of service by a physical therapist that is greater than the copayment, coinsurance, or office visit deductible amount charged to the insured for the services of a primary care physician or an osteopath for an office visit. Requires an insurer to state clearly the availability of physical therapy coverage under its policy or plan and all related limitations, conditions, and exclusions. Requires the Commission on Government Forecasting and Accountability to perform an actuarial analysis of the cost impact of that prohibition to health carriers, insureds with a health benefit plan, and other private and public payers and to issue a report on its findings on or before December 31, 2019. Amends the Illinois Insurance Code. Provides that an insurer shall not impose a copayment, coinsurance, or office visit deductible amount charged to the insured for services rendered for each date of service by a physical therapist licensed under the Illinois Physical Therapy Act that is greater than the copayment, coinsurance, or office visit deductible amount charged to the insured for the services of a primary care physician or an osteopath licensed under the Medical Practice Act of 1987 for an office visit. Provides that an insurer shall state clearly the availability of physical therapy coverage under its policy or plan and all related limitations, conditions, and exclusions.

SB 1286 INS CD-CAPTIVE INSURERS

Senate Sponsor Sen. John G. Mulroe

Amends the Domestic Captive Insurance Companies Article of the Illinois Insurance Code. Makes changes to provisions concerning definitions. Prohibits captive insurance companies from issuing certain types of insurance. Provides that the Department of Insurance may not issue a certificate of authority to a captive insurance company unless the company possesses and maintains unencumbered capital and surplus in an amount determined by the Director of Insurance after considering specified factors. Provides that the amount of capital and surplus may not be less than specified for classes of captive insurance companies. Makes changes to the reports a captive insurance company must submit to the Director. Allows, upon written application to the Director, the annual report to be filed at a fiscal year's end, rather than on or prior to March 1. Allows a captive insurance company to make loans to its affiliates with the prior approval of the Director. Adds additional requirements for a captive insurance company to

provide reinsurance. Provides that annually, 10% of the premium tax revenues collected under certain provisions of the Code to be transferred to the Department for the regulation of captive insurance companies. Reduces fees for the filing of certain documents from \$7,000 to \$2,000. Removes certain requirements to issue letters of credit. Allows the Director to approve captive reinsurance pools under certain circumstances. Makes provisions concerning standards for risk management of controlled unaffiliated businesses, captive managers, dividends, and confidentiality. Allows the Director to adopt rules to enforce the provisions. Repeals a provision concerning minimum surplus. Makes other changes.

SB 1546 INS CD-SYNCHRONIZATION

Senate Sponsor Sen. John G. Mulroe

Amends the Illinois Insurance Code. Provides that every policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act that provides coverage for prescription drugs shall provide for synchronization of prescription drug refills on at least one occasion per insured per year provided that certain conditions are met. Requires insurers to provide prorated daily cost-sharing rates when necessary. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Services Organization Act, the Voluntary Health Services Plan Act, and the Illinois Public Aid Code. Effective immediately.

SB 1604 PHARMACY-PRESCRIPTION DRUGS

Senate Sponsor Sen. Chris Nybo

Amends the Pharmacy Practice Act. Provides that if a physician or other authorized prescriber does not prohibit drug product substitution, a pharmacist shall dispense a brand name drug product as a substitute for an unavailable nonbrand name drug product specified in the prescription. Provides that if the substitute drug product has a unit price greater than the unavailable drug product specified in the prescription, then the pharmacist shall dispense that substitute drug product at the lesser unit price of the drug product specified in the prescription. Amends the Regulatory Sunset Act to extend the repeal date for the Pharmacy Practice Act to January 1, 2020. Makes conforming changes. Effective immediately.

SB 1609 INS CD-ABUSE DETERRENT OPIOIDS

Senate Sponsor Sen. Melinda Bush

Amends the Illinois Insurance Code, the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code. Prohibits insurers from requiring that a covered individual first use an opioid analgesic drug product without abuse-deterrence labeling claims before providing coverage for an abuse-deterrent opioid analgesic drug product.

SB 1681 VEH CD-CARRIER-INSURANCE

Senate Sponsor Sen. Martin A. Sandoval

Amends the Illinois Vehicle Code. Provides that each rail carrier that contracts with a contract carrier for the transportation of its employees in the course of their employment shall verify that the contract carrier has hit and run, uninsured, and underinsured motor vehicle coverage in an amount not less than \$500,000 per passenger.

SB 1721 FAMILY LEAVE INSURANCE ACT

Senate Sponsor Sen. Daniel Biss

Creates the Family Leave Insurance Act. Provides that an employee may take up to 12 weeks of family leave within any 24-month period for the purpose of providing care for the birth of a child, adoption of a child or placement of a foster child, or serious health condition of a family member. Establishes terms and conditions for taking leave. Authorizes compensation for the family leave to be paid from the State Benefits Fund, a special fund created in the State treasury. Prohibits simultaneous receipt of benefits under the Family Leave Insurance Act, the Unemployment Insurance Act, and the Workers' Compensation Act. Imposes a charge upon certain wages for the payment of benefits. Provides for administration by the Department of Employment Security. Amends the State Finance Act to add the State Benefits Fund to the list of special funds in the State treasury. Creates civil penalties for certain violations. Provides that a violation with intent to defraud the Department is a Class C misdemeanor. Effective immediately.

SB 1723 INSURANCE INDUSTRY INNOVATION

Senate Sponsor Sen. Antonio Muñoz

Creates the Insurance Industry Innovation Act. Creates the Innovation Division within the Department of Insurance to promote insurance product innovations. Provides that the Innovation Division shall be under the direction of the Deputy Director of the Innovation Division. Sets forth duties of the Deputy Director. Provides that an individual may petition the Department to waive or modify certain requirements in State statutes or Department rules related to an insurance innovation the individual offers or intends to offer. Provides that the petition shall demonstrate that the insurance innovation would serve the public interest, improve access to insurance products or services, and does not present systematic risk to the State and promotes consumer protection. Provides the process by which a petition is submitted to the Department and the process by which the Department may approve or reject the petition. Provides that, if the Department approves a petition, the person may enter into an enforceable compliance agreement with the Department, which includes the terms under which the insurance innovation may be offered. Provides that one year after the effective date, and annually thereafter, the Department shall report to the General Assembly on the aggregate impact of the enforceable compliance agreements. Provides that the Act is repealed on December 31, 2022. Effective

January 1, 2018.

SB 1737 INS CD-DOMESTIC CEDING INSURER

Senate Sponsor Sen. Antonio Muñoz

Amends the Illinois Insurance Code in provisions concerning credit allowed a domestic ceding insurer. Provides that the assuming insurer shall provide or make certain information to be reported to the Director of Insurance available to the ceding insurer and that the assuming insurer may decline to release trade secrets or commercially sensitive information that would qualify as exempt from disclosure under the Freedom of Information Act. With regard to an assuming insurer's trust fund, provides that not later than February 28 of each year, the assuming insurer's chief executive officer or chief financial officer shall certify to the Director that the trust fund contains funds in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by U.S. ceding insurers, and in addition, a trustee surplus of not less than \$20,000,000. Permits a reduction in the required trustee surplus in specified circumstances. Provides that in the event that the provision concerning the reduction in the required trustee surplus applies to the trust, the assuming insurer's chief executive officer or chief financial officer shall then certify to the Director that the trust fund contains funds in an amount not less than the assuming insurer's liabilities attributable to reinsurance ceded by U.S. ceding insurers, and in addition, a reduced trustee surplus of not less than the amount that has been authorized by the regulatory authority having principal regulatory oversight of the trust. Makes changes to provisions concerning financial strength ratings. Sets forth provisions concerning downgrades by rating agencies, the Director's authority, upgrading the rating of a certified reinsurer, and the revocation of the certification of a certified reinsurer. Makes other changes.

SB 1844 INS CD-SYNCHRONIZE MEDICATION

Senate Sponsor Sen. Kwame Raoul

Amends the Illinois Insurance Code. Provides that all entities providing prescription drug coverage shall permit and apply a prorated daily cost-sharing rate to prescriptions that are dispensed by a pharmacy for less than a 30-day supply if the prescriber or pharmacist indicates the fill or refill could be in the best interest of the patient or is for the purpose of synchronizing the patient's chronic medications. Provides that no entity providing prescription drug coverage shall deny coverage for the dispensing of any drug prescribed for the treatment of a chronic illness that is made in accordance with a plan among the insured, the prescriber, and a pharmacist to synchronize the refilling of multiple prescriptions for the insured. Provides that no entity providing prescription drug coverage shall use payment structures incorporating prorated dispensing fees determined by calculation of the days' supply of medication dispensed. Provides that dispensing fees shall be determined exclusively on the total number of prescriptions dispensed. Establishes criteria for an entity conducting audits (either on-site or remotely) of pharmacy records. Provides that the Department of Insurance and Director of Insurance shall have the authority to enforce the provisions of the Act

and impose financial penalties. Effective January 1, 2018.

SB 1906 INS CD - HEARING AID COVERAGE

Senate Sponsor Sen. Ira I. Silverstein

Amends the Illinois Insurance Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act to require coverage for hearing instruments and related services for all individuals under the age of 18 when a hearing care professional prescribes a hearing instrument. Provides that an insurer shall provide coverage for hearing aids subject to certain restrictions.

Provides that an insurer shall not be required to pay a claim if the insured filed such a claim 12 months prior to the date of filing the claim with the insurer and the claim was paid by any insurer. Effective immediately.

SB 1995 INS CD-SERVICE DOGS

Senate Sponsor Sen. Thomas Cullerton

Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act must provide coverage for the purchase of a service dog that is specially trained to assist blind, deaf, or mobility impaired persons or persons with a disability that is other than physical, including, but not limited to, anxiety disorders and post-traumatic stress disorder, provided the insured's treating health care provider certifies in writing that the service dog is medically necessary. Requires the service dog to be purchased from a nonprofit organization that is established for the training of such dogs and is an accredited member of a professional association of guide dog or service dog organizations.

SB 1971 COST LIST-PHRMICY BENEFITS MNGR

Senate Sponsor Sen. Omar Aquino

Amends the Illinois Insurance Code. Provides regulation for the creation of a list of drugs used to set the maximum allowable cost on which reimbursement to a pharmacy or pharmacist may be based. Provides that before a pharmacy benefits manager places or continues a particular drug on a maximum allowable cost list, the drug shall meet specified requirements. Provides for the duties of a pharmacy benefits manager in his or her use of a maximum allowable cost list. Provides for a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs and reimbursements made under a maximum allowable cost for a specific drug. Provides that a pharmacy benefits manager shall not reimburse a pharmacy or pharmacist in this State in an amount less than the amount that the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for providing the same pharmacist services. Provides that a pharmacy or pharmacist may decline to provide pharmacist services to a patient or pharmacy benefits manager if, as a result of a maximum allowable cost list, a pharmacy or pharmacist is to be paid less than the pharmacy acquisition cost of the pharmacy providing pharmacist services. Provides that a violation of the provisions concerning maximum allowable cost

lists and pharmacy benefits managers is a deceptive trade practice. Amends the Uniform Deceptive Trade Practices Act to make a conforming change. Defines terms.

SB 2027 PATIENT BILLING-COLLECTION

Senate Sponsor Sen. Laura M. Murphy

Amends the Fair Patient Billing Act. Provides that before pursuing a collection action against an insured patient for the unpaid amount of services rendered, a health care provider must review a patient's file to ensure that the patient does not have a Medicare supplement policy or any other secondary payer health insurance plan. Provides that if, after reviewing a patient's file, the health care provider finds no supplemental policy in the patient's record, the provider must then provide notice to the patient, and give that patient an opportunity to address the issue. Provides that if a health care provider has neither found information indicating the existence of a supplemental policy, nor received payment for services rendered to the patient, the health care provider may proceed with a collection action against the patient in accordance with specified provisions. Defines "supplemental policy". Makes a conforming change.