

Not in Rules(orig chmbr)/Not Re-referred(opp) (Bill Order)
2019 Healthcare Council

Both Chambers

HB 1

Short Description: INFANT & MATERNAL MORTALITY

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Delia C. Ramirez-Anne Stava-Murray-Celina Villanueva, Linda Chapa LaVia, Justin Slaughter, Rita Mayfield, Margo McDermid, Katie Stuart, Bob Morgan, Debbie Meyers-Martin, Barbara Hernandez, Jehan Gordon-Booth, Carol Ammons and Camille Y. Lilly

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Creates the Task Force on Infant and Maternal Mortality Among African Americans Act. Creates the Task Force on Infant and Maternal Mortality Among African Americans. Provides for the membership of the Task Force. Provides for the election of a chairperson of the Task Force. Requires the Department of Public Health to provide technical support and assistance to the Task Force and to be responsible for administering its operations and ensuring that the requirements of the Act are met. Provides that members of the Task Force shall receive no compensation for their services as members of the Task Force. Provides for the meetings and duties of the Task Force. Provides that beginning December 1, 2020, and for each year thereafter, the Task Force shall submit a report of its findings and recommendations to the General Assembly. Provides findings. Effective immediately.

House Floor Amendment No. 1

Adds: (1) one physician representing the Illinois Academy of Family Physicians; and (2) one physician representing the Illinois Chapter of the American Academy of Pediatrics as members of the Task Force on Infant and Maternal Mortality Among African Americans.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 2

Short Description: PREGNANCY & CHILDBIRTH RIGHTS

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Rita Mayfield-Anne Stava-Murray-Celina Villanueva, Linda Chapa LaVia, Katie Stuart, Robyn Gabel, Kelly M. Cassidy, Barbara Hernandez, Delia C. Ramirez, Yehiel M. Kalish, Kambium Buckner, Marcus C. Evans, Jr., Joyce Mason, Jaime M. Andrade, Jr., Natalie A. Manley, Anna Moeller, Emanuel Chris Welch, Daniel Didech, Thaddeus Jones, John Connor, André Thapedi, Martin J. Moylan, Curtis J. Tarver, II, Camille Y. Lilly, Luis Arroyo, Debbie Meyers-Martin, Carol Ammons, Karina Villa, Nicholas K. Smith, Jay Hoffman, Justin Slaughter, Sonya M. Harper, Mark L. Walker, Will Guzzardi, Jerry Costello, II, Lamont J. Robinson, Jr., Ann M. Williams, Theresa Mah, Robert Rita and Melissa Conyears-Ervin

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Medical Patient Rights Act. Provides that every woman has certain rights with regard to pregnancy and childbirth, including the right to receive care that is consistent with current scientific evidence about benefits and risks, the

right to choose her birth setting, the right to be provided with certain information, and the right to be treated with respect at all times before, during, and after pregnancy by her health care professionals and to have a health care professional that is culturally competent and treats her appropriately regardless of her ethnicity, sexual orientation, or religious background. Requires the Department of Public Health, Department of Healthcare and Family Services, Department of Children and Family Services, and Department of Human Services to post information about these rights on their publicly available websites. Requires every health care provider, day care center, Head Start, and community center to post information about these rights in a prominent place and on their websites, if applicable. Requires the Department of Public Health to adopt rules to implement the provisions. Effective immediately.

Fiscal Note (Dept. of Public Health)

HB 2 would not pose any fiscal cost aside from standard staff time with the rulemaking. The cost would be negligible.

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 3

Short Description: HOSPITAL REPORT CARD ACT

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Anne Stava-Murray-Rita Mayfield-Camille Y. Lilly, Katie Stuart, Mark Batinick, Sonya M. Harper, Delia C. Ramirez, Kambium Buckner and Barbara Hernandez

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Hospital Report Card Act to require that each hospital include in its quarterly report instances of preterm infants, infant mortality, and maternal mortality. Requires the reporting of racial and ethnic information of the infants' mothers, along with the disparity of occurrences across different racial and ethnic groups. Effective immediately.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 5

Short Description: MATERNAL CARE

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Anne Stava-Murray-Rita Mayfield-Camille Y. Lilly, Katie Stuart, Debbie Meyers-Martin, John Connor and Barbara Hernandez

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Department of Human Services Act. Requires the Department of Human Services to ensure access to substance use and mental health services statewide for pregnant and postpartum women, and to ensure that programs are gender-responsive, are trauma-informed, serve women and young children, and prioritize justice-involved pregnant and postpartum women. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department of Public Health to establish a classification system for specified levels of maternal care.

Requires the Department to implement substantive measures that benefit maternal care and provide a greater amount of available information in order to further medical research. Amends the Emergency Medical Services (EMS) Systems Act. Requires the Department of Public Health to ensure that EMS systems are transporting pregnant women to the appropriate facilities based on the Department of Public Health's classification system for levels of maternal care. Effective immediately.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 13

Short Description: PRESCRIPTION DATA PRIVACY

House Sponsors

Rep. Mary E. Flowers-Debbie Meyers-Martin-C.D. Davidsmeyer-Michael P. McAuliffe-Jonathan Carroll, Robert Rita, Rita Mayfield, Anne Stava-Murray and LaToya Greenwood

Senate Sponsors

(Sen. Thomas Cullerton-Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Illinois Insurance Code, the Pharmacy Practice Act, 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.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 156

Short Description: BIOLOGICAL PRODUCTS-DRUG PRICE

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Michael J. Zalewski-Sonya M. Harper-Will Guzzardi, Dan Caulkins, Debbie Meyers-Martin, Theresa Mah, Carol Ammons, Delia C. Ramirez, Celina Villanueva, Sara Feigenholtz, Gregory Harris, Robyn Gabel, Kelly M. Cassidy, Ann M. Williams, Robert Martwick, Anna Moeller, Anne Stava-Murray, Jennifer Gong-Gershowitz, Lamont J. Robinson, Jr., Joyce Mason, Aaron M. Ortiz and Camille Y. Lilly

Senate Sponsors

(Sen. John G. Mulroe-Jacqueline Y. Collins and David Koehler)

Synopsis As Introduced

Creates the Prescription Drug Pricing Transparency Act. Requires health insurers to disclose certain rate and spending information concerning prescription drugs and certain prescription drug pricing information to the Department of Public Health. Requires the Department and health insurers to create annual lists of prescription drugs on which the State spends significant health care dollars and for which costs have increased at a certain rate over time. Requires the Department and health insurers to provide their lists to the Attorney General. Requires prescription drug manufacturers to notify the Attorney General if they are introducing a new prescription drug at a wholesale acquisition cost that exceeds the threshold set for a specialty drug under the Medicare Part D program. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance that provides coverage for prescription drugs to apply the same cost-sharing requirements to interchangeable biological products as apply to generic drugs under the policy. Amends the Pharmacy Practice Act. Provides that when a pharmacist receives a prescription for a biological product, the pharmacist shall select the lowest priced interchangeable biological product (rather than allowing a pharmacist to substitute an

interchangeable biological product only if certain requirements are met). Requires that when a pharmacist receives a prescription from a Medicaid recipient, the pharmacist shall select the preferred drug or biological product from the State's preferred drug list. Makes other changes. Makes conforming changes in the Freedom of Information Act. Effective immediately.

House Committee Amendment No. 1

Removes the provisions amending the Illinois Insurance Code and the Pharmacy Practice Act.

State Mandates Fiscal Note, House Committee Amendment No. 1 (Dept. of Commerce & Economic Opportunity)

This bill does not create a State mandate.

Last Action

Date	Chamber	Action
4/12/2019	Senate	Referred to Assignments

HB 163

Short Description: PRESCRIPTION MONITORING REPORT

House Sponsors

Rep. Katie Stuart-Deb Conroy-Linda Chapa LaVia, Lance Yednock, Monica Bristow, Will Guzzardi, Mary Edly-Allen, Joyce Mason, Michael Halpin, Luis Arroyo, Robyn Gabel and Debbie Meyers-Martin

Senate Sponsors

(Sen. Antonio Muñoz-Melinda Bush)

Synopsis As Introduced

Amends the Illinois Controlled Substances Act. Provides that the information required to be transmitted under the prescription monitoring program must be transmitted not later than the end of the business day on which a controlled substance is dispensed, or at such other time as may be required by the Department of Human Services by administrative rule (rather than, at the end of the next business day on which the controlled substance is dispensed).

House Floor Amendment No. 1

Corrects an effective date reference to Public Act 100-564.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 205

Short Description: SCH MENTAL HEALTH INSTRUCTION

House Sponsors

Rep. Karina Villa-Deb Conroy-Terra Costa Howard-Jonathan Carroll, Diane Pappas, Mark L. Walker, Nicholas K. Smith, Mary Edly-Allen, Will Guzzardi, Maurice A. West, II, Natalie A. Manley, Linda Chapa LaVia, Kelly M. Cassidy, Sara Feigenholtz, Frances Ann Hurley, Anne Stava-Murray, Joyce Mason, Robyn Gabel, Stephanie A. Kifowit, Fred Crespo, Sue Scherer, Martin J. Moylan, Debbie Meyers-Martin and Camille Y. Lilly

Senate Sponsors

(Sen. Laura Ellman)

Synopsis As Introduced

Amends the Critical Health Problems and Comprehensive Health Education Act to require the instruction on mental health and illness to evaluate the multiple dimensions of health by reviewing the relationship between physical and mental health so as to enhance student understanding, attitudes, and behaviors that promote health, well-being, and human dignity.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 273

Short Description: INS CODE-DENTAL ANESTHETIC

House Sponsors

Rep. Kathleen Willis-Robyn Gabel-Frances Ann Hurley-Jonathan Carroll, Kelly M. Cassidy, Michelle Mussman, Will Guzzardi, Mary Edly-Allen, Joyce Mason and Daniel Didech

Synopsis As Introduced

Amends the Illinois Insurance Code. In provisions concerning coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder, removes the requirement that the individual be under age 19. Amends the Illinois Public Aid Code. Provides that the medical assistance program shall include coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder.

Last Action

Date	Chamber	Action
2/21/2019	House	Tabled

HB 465

Short Description: REGULATION-TECH

House Sponsors

Rep. Gregory Harris-C.D. Davidsmeyer-Anna Moeller-Elizabeth Hernandez, Darren Bailey, Monica Bristow, Mark L. Walker, Michael J. Zalewski, Ann M. Williams, Martin J. Moylan, Will Guzzardi, Robyn Gabel, Robert Martwick, Michael Halpin, Jaime M. Andrade, Jr., Jerry Costello, II, Emanuel Chris Welch, Dan Caulkins, Mike Murphy, Grant Wehrli, Sara Feigenholtz, Dave Severin, Brad Halbrook, Kelly M. Burke, Thomas M. Bennett, Yehiel M. Kalish, Keith P. Sommer, Carol Ammons, Celina Villanueva, Delia C. Ramirez, Kelly M. Cassidy, Anne Stava-Murray, Jennifer Gong-Gershowitz, Lamont J. Robinson, Jr., Maurice A. West, II, Joyce Mason, Aaron M. Ortiz and Tim Butler

Senate Sponsors

(Sen. John J. Cullerton)

Synopsis As Introduced

Amends the Electronic Fund Transfer Act. Makes a technical change in a Section concerning powers and duties under the Act.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that a contract between a health insurer and a pharmacy benefit manager must: (1) require the pharmacy benefit manager to update maximum allowable cost pricing information and maintain a process that will eliminate drugs from maximum allowable cost lists or modify drug prices to remain consistent with changes in pricing data; (2) prohibit the pharmacy benefit manager from limiting a pharmacist's ability to disclose the availability of a more affordable alternative drug; and (3) prohibit the pharmacy benefit manager from requiring an insured to make a payment for a prescription drug in an amount that exceeds the lesser

of the applicable cost-sharing amount or the retail price of the drug. Contains provisions concerning the inclusion of prescription drugs on a maximum allowable cost list, State licensing requirements for pharmacy benefit managers, and other matters. Makes conforming changes to other Acts. Amends the Managed Care Reform and Patient Rights Act. Provides that a health care plan shall apply any third-party payments for prescription drugs. Makes changes to provisions concerning the denial of coverage for emergency services. Amends the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services may enter into a contract with any third party on a fee-for-service reimbursement model for the purpose of administering pharmacy benefits. Requires the Department to ensure coordination of care between the third-party administrator and managed care organizations as a consideration in any contracts established. Amends the Freedom of Information Act to exempt from disclosure certain information pharmacy benefits managers are required to provide under the Illinois Public Aid Code. Contains a severability provision.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of House Amendment No. 1, but with the following changes: Further amends the Illinois Insurance Code. In a provision concerning contracts between health insurers and pharmacy benefit managers, provides that such contracts must require pharmacy benefit managers to: (1) update maximum allowable cost pricing information at least every 7 calendar days; (2) provide access to its maximum allowable cost list to each pharmacy or pharmacy services administrative organization, as defined, subject to the maximum allowable cost list; (4) provide a process by which a contracted pharmacy can appeal the provider's reimbursement for a drug subject to maximum allowable cost pricing; and other matters. Regarding a drug on the maximum allowable cost list, requires pharmacy benefits managers to ensure that: (i) if a drug is a generically equivalent drug, it is listed as therapeutically equivalent and pharmaceutically equivalent to certain rating standards; (ii) the drug is available for purchase by each pharmacy in the State from national or regional wholesalers operating in Illinois; and (iii) the drug is not obsolete (rather than requiring a drug to have at least 3 or more nationally available, therapeutically equivalent, multiple source generic drugs with a significant cost difference and be available for purchase without limitations by all pharmacies in the State from national or regional wholesalers). Permits the Director of Insurance to examine a pharmacy benefit manager's designee, representative, or other specified persons (rather than any individual) about the business of the pharmacy benefit manager. Contains provisions concerning the denial of a pharmacy benefits manager's registration application or the suspension or revocation of a pharmacy benefits manager's registration. Defines terms. Further amends the Managed Care Reform and Patient Rights Act. Makes changes to the definition of "emergency medical condition". Removes changes made to a provision concerning the denial of coverage and payment for emergency services provided without prior authorization or an approved plan. Further amends the Illinois Public Aid Code. Makes changes to certain reporting requirements imposed on the Director of Healthcare and Family Services. Requires a pharmacy benefit manager to make certain disclosures to the Department of Healthcare and Family Services upon request. Requires a pharmacy benefit manager to make certain written disclosures to a pharmacy provider or pharmacy services administrative organization. Defines "pharmacy services administrative organization." Requires the Department to adopt rules establishing reasonable dispensing fees for fee-for-service payments in accordance with guidance or guidelines from the federal Centers for Medicare and Medicaid Services.

Last Action

Date	Chamber	Action
4/12/2019	Senate	Referred to Assignments

HB 471

Short Description: REGULATION-TECH

House Sponsors

Rep. Bob Morgan-Thaddeus Jones-Mary E. Flowers-Sara Feigenholtz, Debbie Meyers-Martin, Karina Villa, Mark L. Walker, Gregory Harris, La Shawn K. Ford, John Connor, Daniel Didech, Jonathan Carroll, Monica Bristow, Lawrence Walsh, Jr., Michael Halpin, Sue Scherer, Will Guzzardi, Celina Villanueva, Delia C. Ramirez, Anne Stava-Murray, Robyn Gabel, Michelle Mussman, Mary Edly-Allen, Jennifer Gong-Gershowitz, Arthur Turner, Kelly M. Cassidy, Robert Martwick, Deb Conroy, Maurice A. West, II, Yehiel M. Kalish, Rita Mayfield, Natalie A. Manley, Carol Ammons, Justin Slaughter, Anna Moeller, Sam Yingling, Ann M. Williams, Elizabeth Hernandez, Emanuel Chris Welch, Fred Crespo, Stephanie A. Kifowit, Joyce Mason, Sonya M. Harper, Katie Stuart, Michael J. Zalewski, Marcus C. Evans, Jr., Diane Pappas, Kathleen Willis, Theresa Mah, Jaime M. Andrade, Jr., Aaron M. Ortiz, John C. D'Amico, Martin J. Moylan, Barbara Hernandez, Kelly M. Burke, Terra Costa Howard and Robert Rita

Senate Sponsors

(Sen. Laura Fine-Jacqueline Y. Collins-Linda Holmes and Julie A. Morrison)

Synopsis As Introduced

Amends the Foreign Banking Office Act. Makes a technical change in a Section concerning the short title.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code and the Health Maintenance Organization Act. Provides that all individual and small group accident and health policies written in compliance with the Patient Protection and Affordable Care Act must file rates for approval. Provides that rate increases not found to be reasonable in relation to benefits under the policy provided will be disapproved. Requires the Department of Insurance to provide a report to the General Assembly after January 1, 2021, regarding both on and off exchange individual and small group rates in the Illinois market.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Illinois Insurance Code and the Health Maintenance Organization Act. Provides that all individual and small group accident and health policies written in compliance with the Patient Protection and Affordable Care Act must file rates with the Department of Insurance for approval. Provides that rate increases found to be unreasonable rate increases in relation to benefits under the policy provided shall be disapproved. Requires the Department to provide a report to the General Assembly after January 1, 2021, regarding both on and off exchange individual and small group rates in the Illinois market. Requires that the Department approve or deny rate increases within 60 calendar days after the rate increase is filed with the Department. Provides that a rate increase that is not approved or denied by the Department on the 61st calendar day shall be automatically approved on that day. Provides that no less than 30 days after the federal Centers for Medicare and Medicaid Services has certified the plans described in this Section for the upcoming plan year, the Department shall publish on its website a report explaining the rates for the subsequent calendar year's certified policies. Defines "unreasonable rate increase".

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 823

Short Description: IDPH-PHLEBOTOMY-TRAINING

House Sponsors

Rep. Kathleen Willis-Robyn Gabel-Frances Ann Hurley-Grant Wehrli, Linda Chapa LaVia, Michelle Mussman, Deb Conroy, Will Guzzardi, Mary Edly-Allen, Jonathan Carroll, John Connor, Elizabeth Hernandez and Anna Moeller

Senate Sponsors

(Sen. Thomas Cullerton)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department of Public Health to ensure that those who draw blood from children and adults with intellectual and developmental disabilities are trained, at least once every 3 years, in the most current method of drawing blood from children and adults with developmental and intellectual disabilities. Provides that the training shall focus on drawing blood in a safe manner that is as comfortable as possible. Requires the Department to ensure that those facilities and providers review their training program at least once within each 3-year period to ensure that the training includes the most current methods available of drawing blood from children and adults with intellectual and developmental disabilities that is safe and comfortable for them and their families. Requires the Department to ensure that by July 1, 2020 all medical facilities are equipped to draw blood from children and adults with intellectual and developmental disabilities using finger-prick equipment, hemoglobin testing equipment, and all other related equipment that can be adapted to serve patients with intellectual and developmental disabilities.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health shall develop and make available training materials that ensure that all phlebotomists are trained in the most current methods of drawing blood from children and adults with intellectual and developmental disabilities. Provides that the materials shall conform to the best available practices used for drawing blood in a safe manner that is as comfortable as possible for the individual from whom blood is drawn and for the families, guardians, caretakers, or companions of the individual accompanying him or her while blood is

drawn. Provides that the Department shall review the materials every 3 years to ensure that they conform with the best available practices. Provides that the Department shall ensure that health care providers and laboratories that employ a phlebotomist incorporate the training as part of a phlebotomist's initial employment training and as part of any ongoing training to maintain competencies and certifications as a phlebotomist. Defines "phlebotomist".

House Floor Amendment No. 2

Defines "phlebotomist" as a person specifically trained to draw blood for diagnostic purposes in a health care setting (rather than a person who is certified to draw blood for diagnostic testing, transfusion, research, or blood donation). Exempts nonprofit blood banks or the affiliated laboratories of nonprofit blood banks from the provisions.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 889

Short Description: INS CODE-TICK-BORNE DISEASE

House Sponsors

Rep. Daniel Swanson-Steven Reick-Jonathan Carroll-Norine K. Hammond-Thaddeus Jones, Linda Chapa LaVia, Michael Halpin, Mary E. Flowers, Charles Meier, Dan Caulkins, Randy E. Frese, Dave Severin, Terri Bryant, Margo McDermid, Lawrence Walsh, Jr., Darren Bailey, Patrick Windhorst, Lance Yednock, Robert Martwick, Ryan Spain, Kathleen Willis, Chris Miller, Thomas M. Bennett, David A. Welter, Tony McCombie, Terra Costa Howard, Jerry Costello, II, Nicholas K. Smith, Deb Conroy, Camille Y. Lilly, Jaime M. Andrade, Jr., Martin J. Moylan, Dan Ugaste, Blaine Wilhour, Mary Edly-Allen, Sonya M. Harper, Natalie A. Manley, Rita Mayfield, Anna Moeller, Amy Grant, Debbie Meyers-Martin, Kelly M. Burke, Mark L. Walker, Carol Ammons, Elizabeth Hernandez, Kelly M. Cassidy, Jennifer Gong-Gershowitz and Michael T. Marron

Senate Sponsors

(Sen. Neil Anderson-Andy Manar-Linda Holmes, Sue Rezin-Laura M. Murphy and Laura Fine)

Synopsis As Introduced

Amends the Illinois Insurance Code. Requires an individual or group policy of accident and health insurance or managed care plan to provide coverage for long-term antibiotic therapy for a person with a tick-borne disease. Makes conforming changes in the Health Maintenance Organization Act and the Illinois Public Aid Code.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 907

Short Description: IDPH-MENTAL HEALTH RESOURCES

House Sponsors

Rep. John Connor-Carol Ammons-Jonathan Carroll and Kelly M. Burke

Senate Sponsors

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Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Directs the Department to create and maintain an online database and resource page on its website. Provides that the page shall contain mental health resources specifically geared towards school counselors, parents, and teachers with the goal of connecting those people with mental health resources related to bullying and school shootings and encouraging

information sharing among educational administrators, school security personnel, and school resource officers. Effective immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Mental Health and Developmental Disabilities Administrative Act. Requires the Department of Human Services to create and maintain an online database and resource page on its website. Provides that the database and resource page shall contain mental health resources specifically geared toward school counselors, parents, and teachers with the goal of connecting those people with mental health resources related to bullying and school shootings and encouraging information sharing among educational administrators, school security personnel, and school resource officers. Effective immediately.

House Floor Amendment No. 2

Provides that the online database and resource page shall also be geared toward school social workers and school support personnel.

Last Action

Date	Chamber	Action
4/11/2019	Senate	Placed on Calendar Order of First Reading April 12, 2019

HB 1639

Short Description: INS CD- EXCEPTED BENEFIT

House Sponsors

Rep. Anthony DeLuca

Senate Sponsors

(Sen. John G. Mulroe and Bill Cunningham)

Synopsis As Introduced

Amends the Illinois Insurance Code in an Article concerning accident and health insurance. Provides that "policy of individual or group accident and health insurance" does not include any coverage or policy that provides an excepted benefit, as defined in the federal Public Health Service Act. Provides that the amendatory Act does not apply to certain policies of insurance. Repeals provisions that state that specified provisions of the Article do not apply to short-term travel, disability income, long-term care, accident only, or limited or specified disease policies. Effective immediately.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 2029

Short Description: STATE EMPLOYEE GROUP INSURANCE

House Sponsors

Rep. Mark L. Walker

Senate Sponsors

(Sen. Omar Aquino)

Synopsis As Introduced

Amends the State Employees Group Insurance Act of 1971. Provides that "survivor" includes a person who would be receiving an annuity as a survivor of an annuitant except that the annuitant elected to receive an accelerated pension

benefit payment. Provides that "TRS benefit recipient" includes a person who would be receiving a monthly benefit or retirement annuity under the Downstate Teacher Article of the Illinois Pension Code except that the benefit recipient elected to receive an accelerated pension benefit payment under that Article in lieu of receiving an annuity. Provides that "community college benefit recipient" includes a person who would be receiving a monthly survivor's annuity or retirement annuity under the State Universities Article of the Illinois Pension Code except that the benefit recipient elected to receive an accelerated pension benefit payment under that Article in lieu of receiving an annuity. Effective immediately.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 2118

Short Description: MEDICAID-TRAFFICKING VICTIMS

House Sponsors

Rep. Elizabeth Hernandez-Ann M. Williams-Jennifer Gong-Gershowitz-Emanuel Chris Welch, Kelly M. Cassidy, Natalie A. Manley, Robyn Gabel, Sonya M. Harper, Sara Feigenholtz, Theresa Mah, Will Guzzardi, Terri Bryant, Camille Y. Lilly, Rita Mayfield, Michelle Mussman, Avery Bourne, Celina Villanueva, Delia C. Ramirez, Luis Arroyo, Dave Severin, Lamont J. Robinson, Jr., Kathleen Willis, Joyce Mason, Aaron M. Ortiz, Margo McDermed, Carol Ammons, Anne Stava-Murray, Anna Moeller, Jaime M. Andrade, Jr., La Shawn K. Ford, Arthur Turner, Barbara Hernandez, Mary Edly-Allen, Mark Batinick, Frances Ann Hurley and Robert Martwick

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Survivor Support and Trafficking Prevention Article of the Illinois Public Aid Code. Repeals a provision making the Article inoperative on and after June 30, 2019. Effective immediately.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Survivor Support and Trafficking Prevention Article of the Illinois Public Aid Code. Provides that the provisions of the Article are inoperative on and after June 30, 2022 (rather than June 30, 2019). Effective immediately.

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 2142

Short Description: MHDD CD-COUNSELING SESSIONS

House Sponsors

Rep. William Davis-Jonathan Carroll-Carol Ammons-Camille Y. Lilly, Kathleen Willis, Terra Costa Howard and Diane Pappas

Senate Sponsors

(Sen. Julie A. Morrison-Linda Holmes)

Synopsis As Introduced

Amends the Mental Health and Developmental Disabilities Code. Provides that until the consent of the adult's guardian has been obtained, counseling or psychotherapy provided to an adult under guardianship shall be limited to not more than 12 (rather than 5) sessions, a session lasting not more than 60 (rather than 45) minutes. Effective immediately.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 2147

Short Description: \$IDPH-LOCAL HEALTH PROTECTION

House Sponsors

Rep. Robyn Gabel

Synopsis As Introduced

Appropriates \$25,800,000 from the Personal Property Tax Replacement Fund to the Illinois Department of Public Health for the purpose of making Local Health Protection Grants to Certified Local Health Departments. Effective July 1, 2019.

Last Action

Date	Chamber	Action
2/19/2019	House	Assigned to Appropriations-Human Services Committee

HB 2152

Short Description: MENTAL HEALTH ACTION ON CAMPUS

House Sponsors

Rep. Emanuel Chris Welch-Deb Conroy-Camille Y. Lilly-Jonathan Carroll-Monica Bristow, Theresa Mah, Sara Feigenholtz, Jennifer Gong-Gershowitz, Maurice A. West, II, Jay Hoffman, Terra Costa Howard, Mary Edly-Allen, Delia C. Ramirez, Karina Villa, Will Guzzardi, Celina Villanueva, Bob Morgan, Kelly M. Cassidy, Daniel Didech, Joyce Mason, Elizabeth Hernandez, Katie Stuart, Frances Ann Hurley, William Davis, Debbie Meyers-Martin, Kathleen Willis, LaToya Greenwood and Rita Mayfield

Senate Sponsors

(Sen. Pat McGuire-Julie A. Morrison, Scott M. Bennett, Robert Peters and Ann Gillespie)

Synopsis As Introduced

Creates the Mental Health Early Action on Campus Act. Provides for intent, legislative findings, purposes of the Act, and definitions. Provides that to raise mental health awareness on college campuses, each public college or university in this State must complete specified tasks. Provides that the board of trustees of each public college or university must designate an expert panel to develop and implement policies and procedures that (i) advise students, faculty, and staff on the proper procedures for identifying and addressing the needs of students exhibiting symptoms of mental health conditions, (ii) promote understanding of the rules of Section 504 of the federal Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 to increase knowledge and understanding of student protections under the law, and (iii) provide training if appropriate. Provides that because peer support programs may be beneficial in improving the emotional well-being of the student population, each public college or university must develop and implement a peer support program utilizing student peers to support individuals living with mental health conditions on campus; specifies best practices for the peer support programs. Provides that each public college or university must form strategic partnerships with local mental health service providers to improve overall campus mental wellness and augment on-campus capacity; specifies what the partnerships must include. Requires the Board of Higher Education to develop a Technical Assistance Center; specifies the duties of the Center. Requires each public college or university to evaluate the required programs under the Act using specified criteria. Effective July 1, 2020.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes.

Provides that 2 years after the effective date of the Act, and once every 5 years thereafter, the Technical Assistance Center must propose to the General Assembly an updated ratio of clinical, non-student staff members to students based on actual ratios in this State and any new information related to appropriate benchmarks for clinician-to-student ratios. Provides that the updated benchmark must represent a ratio of no less than one clinical, non-student staff member to 1,250 students. Removes a provision providing that 5 years after the effective date of the Act, each public college or university must maintain a ratio of one clinical, non-student staff member to 1,000 students. Provides that the monitoring measures of local partnership programs must include the ratio of clinical, non-student staff to student population and the number of linkage agreements and contracts in place based on student population (rather than only the number of linkage agreements and contracts in place based on student population). Provides that the Commission on Government Forecasting and Accountability, in conjunction with the Illinois Community College Board and the Board of Higher Education, must make recommendations to the General Assembly on the amounts necessary to implement the Act. Provides that the initial recommendation must be provided by the Commission no later than December 31, 2019 and any appropriation provided in advance of this recommendation may be used for planning purposes. Provides that no provision of the Act may be funded by student fees created on or after July 1, 2020 (rather than new student fees). Makes other changes. Effective July 1, 2020, except that certain provisions are effective immediately.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 2154

Short Description: PUB AID-JOB SEARCH EXEMPTION

House Sponsors

Rep. Sara Feigenholtz

Senate Sponsors

(Sen. Heather A. Steans)

Synopsis As Introduced

Amends the Illinois Public Aid Code. Provides that, for recipients of public aid who are required to comply with the terms of a service plan developed by the Department of Children and Family Services, participation in substance abuse treatment, drug testing, parenting classes, anger management, domestic violence counseling, evaluations, or any other activities specified in the service plan shall count as an approvable job search activity under TANF employment, education, and training programs; the SNAP Employment and Training Program; and any job search, training, and work programs authorized under Article IX of the Code. Requires the Department of Human Services to apply for any federal waivers or approvals necessary to implement the job search exemption.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 2160

Short Description: DRUGS-PRIOR AUTHORIZATION FORM

House Sponsors

Rep. Deb Conroy and Jonathan Carroll

Senate Sponsors

(Sen. Julie A. Morrison)

Synopsis As Introduced

Amends the Illinois Insurance Code. Requires the Department of Insurance to develop a uniform electronic prior authorization form to be used by an insurer that provides prescription drug benefits when requiring prior authorization. Provides that the development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Insurance shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the insurer. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family services to develop a uniform electronic prior authorization form to be used by a managed care organization that provides prescription drug benefits when requiring prior authorization. Provides that the development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Healthcare and Family Services shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the managed care organization.

Last Action

Date	Chamber	Action
3/27/2019	Senate	Referred to Assignments

HB 2173

Short Description: IL INSURANCE GUARANTY FUND

House Sponsors

Rep. Michael Halpin

Senate Sponsors

(Sen. John G. Mulroe)

Synopsis As Introduced

Amends the Illinois Insurance Guaranty Fund Article of the Illinois Insurance Code. Provides that a "covered claim" does not include a claim for fines and penalties paid to government authorities. Provides that the board of directors of the Illinois Insurance Guaranty Fund has the authority to assess to pay off a loan necessary to pay covered claims. Provides that if the loan is projected to be outstanding for 3 years or more, the board of directors has the authority to increase the assessment to 3% of net direct written premiums for the previous year until the loan has been paid in full. Makes changes in provisions that specify conditions under which the Fund is bound by certain settlements, releases, compromises, waivers, and final judgments. Provides that the Fund may also take legal action to recover from insurers and insureds in certain circumstances. Provides that the Fund may bring an action against certain third-party representatives of an insolvent insurer to obtain custody and control of all claim information related to the insolvent company. Provides that any person recovering under the Article and any insured whose liabilities are satisfied under the Article shall be deemed to have assigned the person's or insured's rights under the policy to the Fund to the extent of his or her recovery or satisfaction obtained from the Fund's payments. Provides that the Fund may also pay certain workers' compensation claims or any other third-party claims covered by a policy of an insolvent company on behalf of a high net worth insured and may recover from the high net worth insured through any action necessary to collect the full amount to the Fund's reimbursement. Effective immediately.

House Floor Amendment No. 2

In provisions concerning actions regarding insolvent company records, provides that the Illinois Insurance Guaranty Fund has the absolute right through emergency equitable relief to obtain custody and control of certain claims information in possession of certain third-party administrators, agents, attorneys, or other representatives of an insolvent insurer (rather than the absolute right through emergency equitable relief to obtain custody and control of certain third-party administrators, agents, attorneys, or other representatives of an insolvent insurer).

House Floor Amendment No. 3

Provides that the Illinois Insurance Guaranty Fund shall recover (rather than may recover) from the high net worth insured for all amounts paid on its behalf, all allocated claim adjusted expenses related to such claims, the Fund's attorney's fees, and all court costs in any action necessary to collect the full amount to the Fund's reimbursement. Makes a grammatical change.

Last Action

Date	Chamber	Action
4/12/2019	Senate	Referred to Assignments

HB 2174

Short Description: PATIENT RIGHTS-DRUG PLANS

House Sponsors

Rep. Kathleen Willis-Will Guzzardi-Rita Mayfield-Debbie Meyers-Martin, Yehiel M. Kalish, Monica Bristow, Celina Villanueva, Robyn Gabel, Terra Costa Howard, La Shawn K. Ford, Frances Ann Hurley, Martin J. Moylan, Deb Conroy, Natalie A. Manley, Melissa Conyears-Ervin, Theresa Mah, Marcus C. Evans, Jr., Anne Stava-Murray and Kelly M. Cassidy

Senate Sponsors

(Sen. Laura Fine, Scott M. Bennett, Christopher Belt, Julie A. Morrison and Mattie Hunter-Laura M. Murphy)

Synopsis As Introduced

Amends the Managed Care Reform and Patient Rights Act. Provides that every health insurance carrier that provides coverage for prescription drugs shall ensure that no fewer than 25% of certain individual and group plans offered shall apply a pre-deductible, flat-dollar copayment structure to the entire drug benefit. Provides that the flat-dollar copayment structure for prescription drugs must be reasonably graduated and proportionately related in all tier levels such that the copayment structure as a whole does not discriminate against or discourage the enrollment of individuals with significant health care needs. Requires the health insurance carriers to clearly and appropriately name the plans to aid in consumer or plan-sponsor plan selection. Requires the health insurance carriers to market the plans in the same manner as their other plans. Provides that if a health insurance carrier offers fewer than 4 plans, the health insurance carrier shall ensure that one plan shall use the drug benefit structure, including cost-sharing requirements. Requires the Department of Insurance to adopt rules necessary to implement and enforce the provisions. Effective January 1, 2020.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 2189

Short Description: GENETIC PRIVACY-INSURANCE

House Sponsors

Rep. Natalie A. Manley-Jonathan Carroll-Allen Skillicorn-Carol Ammons and Gregory Harris

Senate Sponsors

(Sen. Jennifer Bertino-Tarrant)

Synopsis As Introduced

Amends the Genetic Information Privacy Act. Provides that long-term care and life insurance policies are among those for which an insurer may not seek information derived from genetic testing. Removes language specifying that a provision prohibiting an insurer from using or disclosing protected health information that is genetic information for underwriting purposes does not apply to insurers issuing long-term care policies.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Genetic Information Privacy Act. Provides that "genetic testing" includes direct-to-consumer commercial genetic testing. Provides that a company providing direct-to-consumer commercial genetic testing is prohibited from sharing any genetic test information or other personally identifiable information about a consumer with any health or life insurance company without written consent from the consumer.

Last Action

Date	Chamber	Action
4/4/2019	Senate	Referred to Assignments

HB 2222

Short Description: EMS SYSTEMS-OVERDOSE REPORTING

House Sponsors

Rep. Frances Ann Hurley-Michael P. McAuliffe-Emanuel Chris Welch-John C. D'Amico-Luis Arroyo, Martin J. Moylan, Justin Slaughter, Nicholas K. Smith, Gregory Harris, Celina Villanueva, Jaime M. Andrade, Jr., Robert Martwick, Melissa Conyears-Ervin, Ann M. Williams, Terra Costa Howard, Mary Edly-Allen, Theresa Mah and Will Guzzardi

Senate Sponsors

(Sen. Bill Cunningham)

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Provides that covered vehicle service provider personnel who treat and either release or transport to a health care facility an individual experiencing a suspected or an actual opioid overdose shall document in the patient's care report the date and time of the overdose, the location in latitude and longitude where the overdose victim was initially encountered, whether one or more doses of an opioid overdose reversal drug was administered, and whether the overdose was fatal or nonfatal when the overdose victim was initially encountered and during the transportation of the victim to a health care facility. Provides that a covered vehicle service provider shall also provide the information to a specified mapping application. Provides that the information documented by a covered vehicle service provider shall not be used in an opioid use-related criminal investigation or prosecution of the individual treated by the covered vehicle service provider personnel. Exempts from civil or criminal liability all covered vehicle service providers and covered vehicle service provider personnel who report the information in good faith. Amends the State Mandates Act to require implementation without reimbursement by the State. Effective immediately.

Last Action

Date	Chamber	Action
3/20/2019	Senate	Referred to Assignments

HB 2247

Short Description: MHDDSA-FAMILY COUNSELING

House Sponsors

Rep. Camille Y. Lilly-Debbie Meyers-Martin, Marcus C. Evans, Jr., Nicholas K. Smith, Sonya M. Harper, Justin Slaughter, Mary E. Flowers, Thaddeus Jones, Elizabeth Hernandez, Delia C. Ramirez, Charles Meier, Curtis J. Tarver, II, Kambium Buckner, LaToya Greenwood, Rita Mayfield, Maurice A. West, II, André Thapedi, Michelle Mussman, Natalie A. Manley, Carol Ammons, Jehan Gordon-Booth, Lamont J. Robinson, Jr., Melissa Conyears-Ervin and La Shawn K. Ford

Senate Sponsors

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Synopsis As Introduced

Amends the Developmental Disability and Mental Disability Services Act. Provides that the Department of Human Services shall establish family centers throughout the State to provide counseling and mental health services to families who are indigent based on any behavior or mental health condition as determined by Department rule. Provides that the Department shall employ or contract with psychiatrists, clinical psychologists, clinical social workers, and licensed marriage and family therapists to provide those services.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Developmental Disability and Mental Disability Services Act.

Provides that subject to appropriation, the Department of Human Services' Division of Mental Health shall make available funding for the development and implementation of a comprehensive and coordinated continuum of community-based pilot programs for persons with or at risk for a mental health diagnosis that is sensitive to the needs of local communities. Provides that the funding shall allow for the development of one or more pilot programs that will support the development of local social media campaigns that focus on the prevention or promotion of mental wellness and provide linkages to mental health services, especially for those individuals who are uninsured or underinsured. Sets forth certain criteria a provider must meet to be considered for the pilot program, including the ability to: (i) implement the pilot program in an area that shows a high need or underutilization of mental health services; (ii) collaborate with other systems and government entities that exist in a community; and (iii) provide a presence staffed by mental health professionals in natural community settings, which includes any setting where an individual who has not been diagnosed with a mental illness typically spends time. Authorizes the Department to adopt and implement administrative rules necessary to carry out the pilot program.

Last Action

Date	Chamber	Action
4/12/2019	Senate	Placed on Calendar Order of First Reading April 30, 2019

HB 2259

Short Description: DHFS-MCO PREFERRED DRUG LISTS

House Sponsors

Rep. Sara Feigenholtz-Gregory Harris, Kelly M. Cassidy, Theresa Mah, Michael Halpin, Elizabeth Hernandez, Delia C. Ramirez and Karina Villa

Senate Sponsors

(Sen. Julie A. Morrison)

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to develop, no later than January 1, 2020, a standardized format for all Medicaid managed care organization preferred drug lists in collaboration with Medicaid managed care organizations and other stakeholders, including, but not limited to, organizations that serve individuals impacted by HIV/AIDS or epilepsy, and community-based organizations, providers, and entities with expertise in drug formulary development. Requires the Department to allow Medicaid managed care organizations 6 months from the completion date of the standardized format to comply with the new Preferred Drug List format. Requires each Medicaid managed care organization to post its preferred drug list on its website without restricting access and to update the preferred drug list posted on its website no less than 30 days prior to the date upon which any update or change takes effect. Requires the Department to establish, no later than January 1, 2020, the Illinois Drug and Therapeutics Advisory Board to have the authority and responsibility to provide recommendations to the Department regarding which drug products to list on the Department's preferred drug list. Contains provisions concerning Board meetings and correspondence; the Board's composition; voting and non-voting members; and other matters. Requires the Department to adopt rules, to be in place no later than January 1, 2020, for the purpose of establishing and maintaining the Board. Effective immediately.

House Floor Amendment No. 2

Expands the membership on the Illinois Drug and Therapeutics Advisory Board by including the following members: (1) at least one clinician who specializes in the prevention and treatment of HIV, recommended by an HIV healthcare advocacy organization; and (2) at least one clinician recommended by a healthcare advocacy organization that serves individuals who are affected by chronic diseases that require significant pharmaceutical treatments. Provides that one non-voting clinician recommended by an association of Medicaid managed care health plans shall serve a term of 3 years on the Board without compensation. Includes organizations that serve individuals with rare diseases to the list of organizations that the Department of Healthcare and Family Services must collaborate with when developing a standardized format for all Medicaid managed care organization preferred drug lists. Provides that a licensed physician recommended by the Rare Disease Commission who is a rare disease specialist and possesses scientific knowledge and medical training with respect to rare diseases and is familiar with drug and biological products and treatment shall be notified in advance to attend an Illinois Drug and Therapeutics Advisory Board meeting when a drug or biological product is scheduled to be reviewed in order to advise and make recommendations on drugs or biological products. Makes technical changes.

Last Action

Date	Chamber	Action
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4/11/2019	Senate	Referred to Assignments
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HB 2303

Short Description: ILLEGAL PRESCRIBER LICENSE USE

House Sponsors

Rep. Kambium Buckner-Justin Slaughter

Senate Sponsors

(Sen. Rachelle Crowe)

Synopsis As Introduced

Amends the registrant violation provisions of the Illinois Controlled Substances Act. Provides that it is unlawful for any person knowingly to use or possess a prescriber's Illinois controlled substance license or United States Drug Enforcement Administration registration number: (A) other than for: (i) prescribing or dispensing controlled substances; (ii) insurance processing related to controlled substances; (iii) professional employment; (iv) collecting credentials data under the Health Care Professional Credentials Data Collection Act; or (v) licensure purposes; (B) without authorization; (C) to fraudulently obtain any medication or to fraudulently create a prescription or order; or (D) except as authorized by law. Provides that a violation is a Class 4 felony for the first offense and a Class 3 felony for each subsequent offense. The fine for the first offense shall be not more than \$100,000. Provides that the fine for each subsequent offense shall not be more than \$200,000.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 2326

Short Description: DRUGS-PRIOR AUTHORIZATION FORM

House Sponsors

Rep. Fred Crespo

Synopsis As Introduced

Amends the Illinois Insurance Code and the Illinois Public Aid Code. Requires that on or before July 1, 2020, the Department of Insurance and Department of Healthcare and Family Services to jointly develop a uniform prior authorization form to be used by prescribing providers to request prior authorization for prescription drug benefits. Provides that on and after January 1, 2021 or 6 months after the uniform prior authorization form is developed, whichever is later, health insurers, managed care organizations, and fee-for-service medical assistance programs that provide prescription drug benefits shall utilize and accept the uniform prior authorization form and prescribing providers may use the uniform prior authorization form. Provides criteria for developing the uniform prior authorization form. Provides requirements and limitations of prior authorization requests. Effective immediately.

Last Action

Date	Chamber	Action
2/28/2019	House	Tabled

HB 2433

Short Description: HOSPITAL-BLOOD PRESSURE

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Rita Mayfield, Debbie Meyers-Martin, Anne Stava-Murray and Sonya M. Harper

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Hospital Licensing Act and the University of Illinois Hospital Act. Requires every hospital to ensure that it has the proper instruments available for taking a pregnant woman's blood pressure. Provides that the Department of Public Health shall adopt rules for the implementation of the requirement.

Last Action

Date	Chamber	Action
3/27/2019	Senate	Referred to Assignments

HB 2438

Short Description: MATERNAL MENTAL HEALTH

House Sponsors

Rep. Mary E. Flowers-C.D. Davidsmeyer-LaToya Greenwood-Anne Stava-Murray-Michael P. McAuliffe, Celina Villanueva, Yehiel M. Kalish, Rita Mayfield, Terri Bryant, Sonya M. Harper, Bob Morgan, Debbie Meyers-Martin and Deanne M. Mazzochi

Senate Sponsors

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Synopsis As Introduced

Amends the Illinois Insurance Code. Requires an accident and health insurer to develop a maternal mental health program designed to promote quality and cost-effective outcomes. Amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Physician Assistant Practice Act of 1987. Provides that licensed physicians, advanced practice registered nurses, and physician's assistants who provide prenatal and postpartum care for a patient shall ensure that the mother is offered screening or is appropriately screened for mental health conditions. Makes other changes. Effective immediately.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. In provisions concerning mental and emotional disorders, provides that "mental, emotional, nervous, or substance use disorder or condition" includes any mental health condition that occurs during pregnancy or during the postpartum period and includes, but is not limited to, postpartum depression. Effective immediately.

Last Action

Date	Chamber	Action
4/12/2019	Senate	Placed on Calendar Order of First Reading April 30, 2019

HB 2488

Short Description: CONTINUING CARE TASK FORCE

House Sponsors

Rep. Kathleen Willis

Senate Sponsors

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Synopsis As Introduced

Amends the Life Care Facilities Act. Creates the Continuing Care Retirement Community Transparency Task Force to research and collect information on transparency and consumer protection issues for life care contracts. Provides that the Task Force shall review existing legal frameworks to identify all existing consumer protections for residents living in continuing care retirement communities and all areas in which more consumer protections for continuing care retirement community residents are necessary. Provides that the Task Force shall identify any shortcomings of the definition of "life care contract" and determine whether that definition should be expanded to include more senior living facilities. Provides that members shall receive no compensation for their services but may be reimbursed for expenses. Requires the Department of Public Health shall provide administrative and other support to the Task Force. Provides that the Task Force shall report its findings to the Governor and General Assembly by December 31, 2019. Effective immediately.

House Committee Amendment No. 1

Provides that, in addition to those members already listed, the Director of Public Health shall appoint to the Continuing Care Retirement Community Task Force at least 2 providers who hold permits to enter into life care contracts, one of whom shall be a representative of a nonprofit organization exempt from federal income taxes, shall be members of the Task Force. Corrects typographical errors.

House Committee Amendment No. 2

Provides that the Task Force shall report its findings to the Governor and General Assembly by December 31, 2020 (rather than by December 31, 2019). Provides that the amendatory Act's provisions are repealed on January 1, 2021 (rather than January 1, 2020).

Last Action

Date	Chamber	Action
4/3/2019	Senate	Placed on Calendar Order of First Reading April 4, 2019

HB 2659

Short Description: DHFS-EXPEDITED LONG-TERM CARE

House Sponsors

Rep. Norine K. Hammond

Senate Sponsors

(Sen. John G. Mulroe)

Synopsis As Introduced

Amends the Illinois Public Aid Code. Makes technical changes to specify in provisions concerning provisional eligibility for long-term care services that the Department of Healthcare and Family Services shall adopt rules. Effective immediately.

Last Action

Date	Chamber	Action
3/27/2019	Senate	Referred to Assignments

HB 2665

Short Description: MEDICAL-MINOR'S CONSENT

House Sponsors

Rep. Lamont J. Robinson, Jr.-Rita Mayfield-Kelly M. Cassidy-Kathleen Willis-Robert Rita, Robert Martwick, Michael Halpin, Theresa Mah, Gregory Harris, Delia C. Ramirez, Camille Y. Lilly, Will Guzzardi, Anna Moeller, Sam Yingling, Nicholas K.

Smith, Robyn Gabel, LaToya Greenwood, Michelle Mussman, Jennifer Gong-Gershowitz, Michael J. Zalewski and Daniel Didech

Senate Sponsors
(Sen. Robert Peters)

Synopsis As Introduced

Amends the Consent by Minors to Health Care Services Act. Provides that a minor of 12 years or older who may have come into contact with any sexually transmitted disease or may be determined to be an intoxicated person or a person with a substance use disorder, or who may have a family member who abuses drugs or alcohol, may give consent to the furnishing of health care services or counseling related to the prevention, diagnosis, or treatment, rather than just the diagnosis or treatment, of the disease.

Last Action

Date	Chamber	Action
4/4/2019	Senate	Referred to Assignments

HB 2676

Short Description: PUBLIC HEALTH DENTAL HYGIENIST

House Sponsors
Rep. Michael J. Zalewski-Dan Ugaste and Terra Costa Howard

Senate Sponsors
(Sen. Jennifer Bertino-Tarrant)

Synopsis As Introduced

Amends the Illinois Dental Practice Act. Changes the definition of "public health dental hygienist." Provides that the requirement that a public health dental hygienist have additional structured courses in dental education in advanced areas specific to public health dentistry shall include emergency procedures for medically compromised patients, pharmacology, medical recordkeeping procedures, geriatric dentistry, pediatric dentistry, and pathology provided by an educational institution accredited by the Commission on Dental Accreditation, such as a dental school or dental hygiene program, or a statewide dental association, approved by the Department of Financial and Professional Regulation to provide continuing education, that has developed and conducted training programs for expanded functions for dental assistants and hygienists. Provides that the training program must include a minimum of 26 hours of didactic study; include 8 hours of in-person classroom experience with an outcome assessment examination that tests the competency of the didactic subjects required by the Act; require the hygienist to complete an 8-hour, on-site mentoring experience monitored by the dentist who will have a public health supervision agreement with the hygienist; issue a certificate of completion of the training program, which must be kept on file at the supervising dentist's office and which will be made available to the Department upon request; and operate in a public health setting pursuant to a written public health supervision agreement with a dentist who is working in or has contracted with a local or State government agency or institution or who is providing services as part of a certified school-based program or school-based oral health program. Effective immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with changes that include the following. Specifies the number of hours of education required in certain advanced areas specific to public health dentistry and requires that the training program for a public health dental hygienist include a minimum of 29 hours of didactic study in those areas (instead of a minimum of 26 hours of didactic study). Provides that the education in advanced areas specific to public health dentistry may be provided by a statewide dental hygiene association that meets certain requirements. Provides that the didactic study may be taken in compliance with specified continued learning education requirements. Provides that the training program for a public health dental hygienist must require completion of 5 hours of didactic courses in the topic areas of special needs dentistry, teledentistry, nutritional needs of geriatric and low income patients, communication techniques with non-English speaking patients, cultural competency, and professional ethics. Provides that the training program must require completion of an 8 hour in-person classroom review (instead of classroom experience) that includes a comprehension exam on specified topics (instead of an outcome assessment examination) and submit certification of successful completion to the supervising dentist. Removes a requirement that the training program require the hygienist to complete an 8-hour, on-site mentoring experience monitored by the dentist who will have a public

health supervision agreement with the hygienist. Makes grammatical and other changes.

House Floor Amendment No. 2

Removes a provision requiring training programs for public health dental hygienists to operate in a public health setting pursuant to a written public health supervision agreement with a dentist who is working in or has contracted with a local or State government agency or institution or who is providing services as part of a certified school-based program or school-based oral health program. Further amends the Illinois Dental Practice Act. Provides that after completion of a training program for a public health dental hygienist, a public health dental hygienist may operate in a public health setting that meets specified requirements with a dentist who is working in or has contracted with a local or State government agency or institution or who is providing services as part of a certified school-based program or school-based oral health program.

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 2717

Short Description: \$DHS-COMM MENTAL HEALTH

House Sponsors

Rep. Robyn Gabel-Sara Feigenholtz-Kathleen Willis, Bob Morgan, Will Guzzardi, Mary E. Flowers, Kelly M. Cassidy, Anna Moeller and Celina Villanueva

Synopsis As Introduced

Makes various appropriations to the Department of Human Services from the General Revenue Fund for rate increases for certified community mental health centers and community day services providers and grants to licensed providers of community-based addiction treatment services for persons with substance use disorders, reducing uncompensated hours in community-integrated living arrangements, increasing base nursing reimbursements to nurses in 5 to 8 bed community-integrated living arrangements, and increasing administration cost reimbursements in community-integrated living arrangements. Effective July 1, 2019.

Last Action

Date	Chamber	Action
3/22/2019	House	To Wages & Rates Subcommittee

HB 2846

Short Description: AUTOIMMUNE ENCEPHALITIS CODING

House Sponsors

Rep. Deb Conroy-Frances Ann Hurley-Grant Wehrli, Daniel Swanson, Maurice A. West, II, Michael Halpin, Karina Villa, Michael P. McAuliffe, Terra Costa Howard, Diane Pappas, Robyn Gabel, Will Guzzardi, Jonathan Carroll, Mike Murphy, Martin J. Moylan and Avery Bourne

Senate Sponsors

(Sen. Laura Fine-Bill Cunningham-Jacqueline Y. Collins-Iris Y. Martinez-Thomas Cullerton and Steve McClure)

Synopsis As Introduced

Amends the Illinois Insurance Code. In provisions concerning treatment for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, provides that treatment administered or prescribed after July 18, 2017 shall be covered. Provides that for billing and diagnosis purposes, pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome shall be coded as autoimmune encephalitis until a code is assigned. Provides that coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute

onset neuropsychiatric syndrome may not be denied due to a diagnosis of autoimmune encephalopathy or autoimmune encephalitis. Effective immediately.

Last Action

Date	Chamber	Action
3/27/2019	Senate	Referred to Assignments

HB 2894

Short Description: COVERING ALL KIDS INSURANCE

House Sponsors

Rep. Elizabeth Hernandez, Joyce Mason and Karina Villa

Senate Sponsors

(Sen. Iris Y. Martinez)

Synopsis As Introduced

Amends the Covering ALL KIDS Health Insurance Act. Provides that the Auditor General shall cause an audit to be made of the Program on or before June 30, 2022 and every 3 years thereafter (rather than annually). Repeals provisions providing for repeal of the Act on October 1, 2019. Effective immediately.

House Floor Amendment No. 1

Further amends the Covering ALL KIDS Health Insurance Act. Provides that the Act is repealed on October 1, 2024 (rather than October 1, 2019).

Last Action

Date	Chamber	Action
4/9/2019	Senate	Referred to Assignments

HB 2895

Short Description: IDPH-HEMORRHAGE TRAINING

House Sponsors

Rep. Mary E. Flowers-LaToya Greenwood-Rita Mayfield-Anne Stava-Murray-Celina Villanueva, Carol Ammons, Sonya M. Harper and Debbie Meyers-Martin

Senate Sponsors

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Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health shall ensure that all hospitals require specified employees to complete educational training on the management of severe maternal hypertension and postpartum hemorrhage. Provides that hospitals must demonstrate completion of the training of new hires with a course certificate from the Department. Provides that the Department shall ensure that all hospitals conduct continuing education yearly for specified employees. Provides that the continuing education shall include yearly simulations or drills regarding management of severe maternal hypertension and obstetric hemorrhage for all employees that care for pregnant or postpartum women. Provides that hospitals must demonstrate compliance with the education and training requirements. Defines "hospital". Effective immediately.

House Floor Amendment No. 1

Provides that the Department of Public Health shall ensure that all hospitals require all current and new obstetrical staff,

emergency department staff, and any other staff, including residents and fellows in training, who provide care for pregnant or postpartum women to receive implicit bias training and education in cultural competency in interactions between patients and providers. Provides that the Department shall provide support for the Illinois Perinatal Quality Collaborative to develop an initiative to improve birth equity and reduce peripartum racial and ethnic disparities, modeled using the Alliance for Innovation on Maternal Health and the California Maternal Quality Collaborative's pilot work on improving birth equity. Provides that the Department shall support the initiation of a statewide perinatal quality improvement initiative in collaboration with Illinois birthing hospitals to implement strategies to reduce peripartum racial and ethnic disparities and to address implicit bias in the health care system. Provides that the Department shall ensure that all hospitals develop protocols for timely identification of all pregnant and postpartum women in the emergency department and for appropriate and timely consultation of an obstetric provider to provide input on management and follow up.

Last Action

Date	Chamber	Action
4/4/2019	Senate	Placed on Calendar Order of First Reading April 9, 2019

HB 2896

Short Description: IDPH-DIVERSITY TASK FORCE

House Sponsors

Rep. Mary E. Flowers-Rita Mayfield-LaToya Greenwood-Anne Stava-Murray, Kelly M. Burke and Debbie Meyers-Martin

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Creates the Diversity in Health Care Professions Task Force. Provides that the Director of Public Health shall serve as the chairperson of the Task Force and it shall also be comprised of 2 dentists, 2 medical doctors, 2 nurses, 2 optometrists, 2 pharmacists, 2 physician assistants, 2 podiatrists, and 2 public health practitioners. Provides specified objectives. Provides specified recommendations to serve as guiding principles for the Task Force. Provides that Task Force members shall serve without compensation but may be reimbursed for their expenses incurred in performing their duties. Provides that the Task Force shall meet at least quarterly and at other times as called by the chairperson. Provides that the Department of Public Health shall provide administrative and other support to the Task Force. Provides that the Task Force shall prepare a report that summarizes its work and makes recommendations resulting from its study and shall submit the report of its findings and recommendations to the Governor and the General Assembly by December 1, 2020 and annually thereafter.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 2897

Short Description: IDPH-FEDERAL FUNDING

House Sponsors

Rep. Mary E. Flowers-Deb Conroy-Dave Severin, Charles Meier, Daniel Swanson, LaToya Greenwood, Sonya M. Harper, Rita Mayfield, Maurice A. West, II, Anne Stava-Murray, Lamont J. Robinson, Jr., Curtis J. Tarver, II, Barbara Hernandez and Camille Y. Lilly

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department shall investigate and apply for federal funding opportunities, including, but not limited to, a specified federal grant, to support maternal mental health, to the extent that programs are financed, in whole, by federal funds. Provides that the Department shall file a report with the General Assembly on or before January 1, 2021 of the Department's efforts to secure and utilize the federal funding it receives from its efforts. Provides that the amendatory Act's provisions are repealed on January 1, 2022.

House Committee Amendment No. 1

Removes language referring to a specific grant available under the federal 21st Century Cures Act.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 3038

Short Description: SEXUAL ASSAULT-TREATMENT

House Sponsors

Rep. Michael D. Unes-Frances Ann Hurley

Senate Sponsors

(Sen. Julie A. Morrison)

Synopsis As Introduced

Amends the Sexual Assault Survivors Emergency Treatment Act. Provides that an adult sexual assault survivor, in addition to a treatment hospital, may be transferred to any treatment hospital with approved pediatric transfer. Effective immediately.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Sexual Assault Survivors Emergency Treatment Act. Provides that the Department of Public Health may approve a sexual assault transfer plan for the provision of medical forensic services until January 1, 2022 if: (1) a treatment hospital with approved pediatric transfer has agreed, as part of an areawide treatment plan, to accept sexual assault survivors 13 years of age or older from the proposed transfer hospital, if the treatment hospital with approved pediatric transfer is geographically closer to the transfer hospital than a treatment hospital or another treatment hospital with approved pediatric transfer and such transfer is not unduly burdensome on the sexual assault survivor; and (2) a treatment hospital has agreed, as a part of an areawide treatment plan, to accept sexual assault survivors under 13 years of age from the proposed transfer hospital and transfer to the treatment hospital would not unduly burden the sexual assault survivor. Provides that an areawide treatment plan may include a written agreement with a treatment hospital with approved pediatric transfer that is geographically closer than other hospitals providing medical forensic services to sexual assault survivors 13 years of age or older stating that the treatment hospital with approved pediatric transfer will provide medical services to sexual assault survivors 13 years of age or older who are transferred from the transfer hospital. Provides that if the areawide treatment plan includes a written agreement with a treatment hospital with approved pediatric transfer, it must also include a written agreement with a treatment hospital stating that the treatment hospital will provide medical forensic services to sexual assault survivors under 13 years of age who are transferred from the transfer hospital. Effective immediately.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 3039

Short Description: DHS-LONG-TERM CARE-NOTICE

House Sponsors

Rep. Michael D. Unes

Senate Sponsors

(Sen. Jil Tracy)

Synopsis As Introduced

Amends the Illinois Public Aid Code. Provides that, if a recipient resides at a long-term care facility, the Department of Healthcare and Family Services shall send the notice of its decision to terminate to the recipient and the long-term care facility.

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 3040

Short Description: MEDICAID-REDETERMINATIONS

House Sponsors

Rep. Michael D. Unes-Jonathan Carroll-Mark Batinick

Senate Sponsors

(Sen. Jil Tracy)

Synopsis As Introduced

Amends the Illinois Public Aid Code. Provides that if an individual has transferred to another long-term care facility, any annual notice concerning redetermination of eligibility must be sent to the long-term care facility where the individual resides as well as to the individual.

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 3061

Short Description: HEALTH CARE WORKER BACKGROUND

House Sponsors

Rep. Justin Slaughter and Kelly M. Cassidy

Senate Sponsors

(Sen. Elgie R. Sims, Jr.)

Synopsis As Introduced

Amends the Health Care Worker Background Check Act. Provides that an individual otherwise qualified for and intending to apply for a direct care position who has a disqualifying conviction may initiate a fingerprint-based criminal history record check where a conditional offer of employment has not been made and such a background check has not been previously conducted, and allows those individuals to request a waiver of the prohibition of employment. Effective immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause with the provisions of the introduced bill with the following changes. Provides that workforce intermediaries and organizations providing pro bono legal services may initiate a fingerprint-based criminal history record check if a conditional offer of employment has not been made and a background check has not been previously conducted for an individual who has a disqualifying conviction and is receiving services from a workforce, intermediary or an organization providing pro bono legal services. Defines the terms "workforce intermediaries" and "pro bono legal service organizations". Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 3065

Short Description: AGING-ABUSE INVESTIGATIONS

House Sponsors

Rep. Terri Bryant-Tom Weber-Joyce Mason-Dave Severin-Karina Villa, Delia C. Ramirez and Mark Batinick

Senate Sponsors

(Sen. Sue Rezin)

Synopsis As Introduced

Amends the Adult Protective Services Act. Provides that when conducting any investigation concerning a report of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult, the Department on Aging shall contact as many of the eligible adult's family members, neighbors, and friends as reasonably possible under the circumstances.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 3069

Short Description: COMMUNITY-INTEGRATED LIVING

House Sponsors

Rep. Charles Meier-Jerry Costello, II-Monica Bristow

Senate Sponsors

(Sen. Jason Plummer)

Synopsis As Introduced

Amends the Community-Integrated Living Arrangements Licensure and Certification Act. Requires facilities licensed under the Act to notify the Department of Human Services when emergency calls are made from the facility. Grants the Department rulemaking power to implement the notification procedures.

Last Action

Date	Chamber	Action
3/28/2019	Senate	Referred to Assignments

HB 3097

Short Description: DHS-MEDICAID-PRESCRIBER ED

House Sponsors

Rep. Theresa Mah, Thaddeus Jones, Yehiel M. Kalish, Rita Mayfield, Keith R. Wheeler, Ryan Spain, Robert Martwick, Jennifer Gong-Gershowitz, Michelle Mussman, Monica Bristow, Joyce Mason, Karina Villa, Gregory Harris, John Connor and Jonathan Carroll

Senate Sponsors

(Sen. Laura Fine)

Synopsis As Introduced

Amends the Illinois Public Aid Code. Requires the Department of Human Services to develop in collaboration with an academic institution a program designed to provide prescribing physicians under the medical assistance program with an evidence-based, non-commercial source of the latest objective information about pharmaceuticals. Provides that the prescriber education program shall consist of a web-based curriculum and an academic educator outreach and shall contract with clinical pharmacists to provide scheduled visits with prescribing physicians to update them on the latest research concerning medication usage and new updates on disease states in an unbiased manner. Provides that education provided under the prescriber education program shall include disease-based educational modules on the treatment of chronic non-cancer pain, diabetes, hypertension, and other specified diseases and that such modules shall be reviewed and updated on an annual or as-needed basis. Provides that additional resources provided under the prescribing education program shall include, but not be limited to: (i) a drug information response center available to prescribing physicians that provides thorough and timely in-depth answers to any questions a prescribing physician may have within 48 hours after a question is received; and (ii) information on drug utilization trends within individual and group practices.

House Floor Amendment No. 1

Provides that the Department of Healthcare and Family Services (rather than the Department of Human Services) shall develop, in collaboration with a public university that has a Doctor of Pharmacy Professional Program and is located in a county with a population of more than 3,000,000 (rather than in collaboration with an academic institution), a program designed to provide prescribing physicians under the medical assistance program with an evidence-based, non-commercial source of the latest objective information about pharmaceuticals.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 3113

Short Description: NO COPAY-DERMATOLOGY EXAM

House Sponsors

Rep. Kelly M. Cassidy-Jonathan Carroll-Grant Wehrli-John Connor-Monica Bristow

Senate Sponsors

(Sen. Laura Fine)

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that no individual or group policy of accident and health insurance shall require a patient to make a co-payment or a deductible for a dermatology examination. Effective January 1, 2020.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that an individual or group policy of accident and health insurance shall cover one annual medically necessary screening for skin cancer that is not otherwise provided as part of a routine dermatology examination. Provides that a policy shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. Provides the requirements do not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings

account pursuant to specified provisions of the Internal Revenue Code. Effective January 1, 2020.

Last Action

Date	Chamber	Action
4/4/2019	Senate	Referred to Assignments

HB 3223

Short Description: \$DPH-HIV/AIDS TREATMENT

House Sponsors

Rep. Thaddeus Jones

Synopsis As Introduced

Appropriates \$10,000,000, or so much of that amount as may be necessary, from the General Revenue Fund to the Department of Public Health for grants and other expenses for the prevention and treatment of HIV/AIDS and the creation of an HIV/AIDS service delivery system. Effective July 1, 2019.

Last Action

Date	Chamber	Action
3/5/2019	House	Assigned to Appropriations-Human Services Committee

HB 3247

Short Description: PARKINSON'S DISEASE AWARENESS

House Sponsors

Rep. LaToya Greenwood-Natalie A. Manley-Jay Hoffman-Mary E. Flowers-Michael Halpin, Michelle Mussman, Justin Slaughter, Marcus C. Evans, Jr., Mark L. Walker, John Connor, Jonathan Carroll, Carol Ammons, André Thapedi, David McSweeney, David A. Welter, John M. Cabello, Melissa Conyears-Ervin, Martin J. Moylan, Frances Ann Hurley, Rita Mayfield, Lance Yednock, Kelly M. Burke, Lindsay Parkhurst, Diane Pappas and Debbie Meyers-Martin

Senate Sponsors

(Sen. Christopher Belt)

Synopsis As Introduced

Creates the Parkinson's Disease Public Awareness and Education Act. Provides that the Director of Public Health shall establish a Parkinson's Disease Public Awareness and Education Program. Provides that the purpose of the Program shall be to promote public awareness of Parkinson's disease and the value of early detection and possible treatments, including the benefits and risks of those treatments. Provides that the Department of Public Health may accept for that purpose any special grant of moneys, services, or property from the federal government or any of its agencies, or from any foundation, organization, or medical school. Provides that the Program shall focus on the development of specified programs and services. Provides that the Department shall prepare an information booklet in English, Spanish, and Mandarin which provides information about the symptoms and treatment of Parkinson's disease.

House Floor Amendment No. 1

Provides that establishment of the Program is subject to appropriation.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 3299

Short Description: MHDD CD-DD SEX EDUCATION

House Sponsors

Rep. William Davis-Yehiel M. Kalish, Kelly M. Cassidy and Robyn Gabel

Senate Sponsors

(Sen. Don Harmon-Linda Holmes and Ann Gillespie)

Synopsis As Introduced

Amends the Mental Health and Developmental Disabilities Code. Provides that a person admitted to a developmental disability facility and receiving habilitation shall have access to sex education, related resources, and treatment planning that supports his or her right to sexual health and healthy sexual practices and to be free from sexual exploitation and abuse. Provides that the person receiving habilitation shall be assessed: (1) on whether he or she has decision making capacity to give consent to sexual activity and (2) for developmentally appropriate sex education materials and resources. Provides that as part of the assessments, consideration shall be given to medical, psychological, and psycho-social evaluations. Provides that the person's decision making capacity to consent to sexual activity and the developmentally appropriate sex education materials and resources shall be determined by the treatment team that includes the individual, professionals who have knowledge of the individual, and the individual's guardian, if appointed. Guardian decision making shall be made in accordance with the court order of appointment and the standards of decision making established by the Probate Act of 1975. Provides that the Department of Human Services shall approve course material in sex education. Establishes standards for the course materials and instruction. Defines "healthy sexual practices".

Fiscal Note (Dept. of Human Services)

Minimal fiscal impact exists for the Department of Human Services. These services are already within the scope of services provided at the developmental disability facilities.

State Mandates Fiscal Note (Dept. of Commerce & Economic Opportunity)

This bill does create a State Mandate.

Last Action

Date	Chamber	Action
3/27/2019	Senate	Referred to Assignments

HB 3300

Short Description: VET-PRESCRIPTION REQUIREMENTS

House Sponsors

Rep. Natalie A. Manley

Synopsis As Introduced

Amends the Veterinary Medicine and Surgery Practice Act of 2004. Provides that a veterinarian licensed under the Act shall limit the initial amount dispensed of a Schedule II controlled substance under the Illinois Controlled Substances Act to a 5-day supply at a dosage clinically appropriate for the animal being treated. Provides that a prescription that is filled at a pharmacy is not subject to this limit. Provides that a veterinarian licensed under the Act shall limit the initial amount dispensed of a benzodiazepine to a 14-day supply at a dosage clinically appropriate for the animal being treated. Provides that a prescription that is filled at a pharmacy is not subject to this limit. Provides that for the treatment of an animal with a chronic condition that requires the long-term use of a Schedule II controlled substance or a benzodiazepine, after the initial 5-day or 14-day period, the licensed veterinarian may dispense not more than a 30-day supply at one time at a dosage clinically appropriate for the animal being treated. Provides that a prescription that is filled at a pharmacy is not subject to this limit.

Last Action

Date	Chamber	Action
4/3/2019	House	Tabled

HB 3320

Short Description: DENTAL SERVICE PLAN EXEMPTION

House Sponsors

Rep. Jaime M. Andrade, Jr. and Elizabeth Hernandez

Senate Sponsors

(Sen. Laura Ellman)

Synopsis As Introduced

Amends the Third Party Administrators Article of the Illinois Insurance Code. Excludes a dental service plan regulated by the Code from the definition of "administrator".

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 3435

Short Description: INS CODE-EPINEPHRINE INJECTOR

House Sponsors

Rep. Jonathan Carroll-Terra Costa Howard-Daniel Didech-Joyce Mason, Daniel Swanson, Thaddeus Jones, Yehiel M. Kalish and Emanuel Chris Welch

Senate Sponsors

(Sen. Julie A. Morrison-Ram Villivalam)

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that a policy of accident and health insurance or a managed care plan shall provide coverage for epinephrine injectors for persons 18 years of age or under. 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.

House Floor Amendment No. 1

Specifies that the required coverage for epinephrine injectors for persons under the age of 18 years of age is limited to medically necessary epinephrine injectors.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 3468

Short Description: HEALTH CARE-CLOSED CAPTIONING

House Sponsors

Rep. Monica Bristow-Ann M. Williams, Maurice A. West, II, Kelly M. Cassidy, Katie Stuart, Michelle Mussman and Stephanie A. Kifowit

Senate Sponsors

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Synopsis As Introduced

Amends the University of Illinois Hospital Act, Alternative Health Care Delivery Act, Ambulatory Surgical Treatment Center Act, Community Living Facilities Licensing Act, Nursing Home Care Act, MC/DD Act, ID/DD Community Care Act, Specialized Mental Health Rehabilitation Act of 2013, Hospital Licensing Act, and Community-Integrated Living Arrangements Licensure and Certification Act. Provides that for hospitals, alternative health care models, Community Living Facilities, long-term care facilities, MC/DD facilities, ID/DD facilities, specialized mental health rehabilitation facilities, and community-integrated living arrangements, reasonable efforts must be made to have activated at all times the closed captioning feature on a television in a common area provided for use by the general public or in a patient's, resident's, or consumer's room or to enable the closed captioning feature when requested to do so by a member of the general public or a patient if the television includes a closed captioning feature, or if a staff member deactivates a closed captioning feature unless the deactivation was done so knowingly or intentionally, or if the closed captioning feature is deactivated by specified individuals. Provides that if there is not a television with a closed captioning feature available, then it must be ensured that all televisions obtained for common areas and patient rooms after the effective date of the amendatory Act include a closed captioning feature. Provides that certain provisions concerning closed captioning shall not apply to televisions that are privately owned by a resident or third party and not owned by the facility.

House Floor Amendment No. 3

Removes the provisions amending the MC/DD Act, the ID/DD Community Care Act, and the Community-Integrated Living Arrangements Licensure and Certification Act.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Placed on Calendar Order of First Reading April 11, 2019

HB 3471

Short Description: INS CD-CARDIOPULMONARY MONITOR

House Sponsors

Rep. Monica Bristow-Debbie Meyers-Martin-Katie Stuart

Senate Sponsors

(Sen. Rachelle Crowe)

Synopsis As Introduced

Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance to provide coverage for cardiopulmonary monitors for a person 18 years old or younger who has had a cardiopulmonary event. Effective January 1, 2020.

House Committee Amendment No. 1

Specifies that the required coverage for cardiopulmonary monitors for certain persons under the age of 18 years of age is limited to cardiopulmonary monitors determined to be medically necessary.

House Floor Amendment No. 2

Amends the Illinois Public Aid Code. Provides that the medical assistance program shall provide coverage for cardiopulmonary monitors determined to be medically necessary for persons 18 years old or younger who have had

cardiopulmonary events.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 3483

Short Description: DHS-PUNS DATABASE

House Sponsors

Rep. Robyn Gabel, Kelly M. Cassidy, Jonathan Carroll, Michelle Mussman, Stephanie A. Kifowit and Frances Ann Hurley

Senate Sponsors

(Sen. Laura Fine)

Synopsis As Introduced

Amends the Department of Human Services Act. Removes language requiring the Department of Human Services to maintain a disability services database and instead requires the Department of Human Services to compile and maintain a Prioritization of Urgency of Need for Services (PUNS) database of Illinois residents with an intellectual disability or a developmental disability, including an autism spectrum disorder, and Illinois residents with an intellectual disability or a developmental disability who are also diagnosed with a physical disability or mental illness and are in need of disability services funded by the Department. Provides that the PUNS database shall be used to foster a fair and orderly process for: (i) processing applications for services funded by the Department, (ii) verifying information, (iii) keeping individuals and families who have applied for services informed of available services and anticipated wait times, (iv) determining unmet need, and (v) informing the General Assembly and the Governor of unmet need statewide and within each representative district. Requires the Secretary of Human Services to seek input from specified advisory bodies and committees with regard to the establishment, maintenance, and administration of PUNS. Contains provisions concerning the type of information to be collected and maintained for PUNS; the Department's development of a web-based verification and information-update application; notice of services to individuals listed in the PUNS database; and other matters.

House Floor Amendment No. 1

Replaces everything after the enacting clause with provisions similar to the introduced bill, but with the following changes: Provides that individuals who are receiving services under any home and community-based services waiver program authorized under the Social Security Act may remain on the Prioritization of Urgency of Need for Services (PUNS) database until they are offered services through a PUNS selection or demonstrate the need for and are awarded alternative services. Requires the Department of Human Services to make all reasonable efforts to contact individuals on the PUNS database at least 2 times each year and provide certain information about the PUNS process, available services, and advice on preparing for and seeking developmental disability services (rather than requiring the Department to ensure that individuals in PUNS are contacted regarding their PUNS status and available services at least 2 times each year via e-mail or letter, based on the delivery preference of the individual). Provides that at least one of the contacts must be from an independent service coordination agency. Permits the Department to contact individuals on the PUNS database through a newsletter prepared by the Division of Developmental Disabilities. Requires the Department to provide information about PUNS to the public on its website. Makes some technical changes. Effective immediately.

Last Action

Date	Chamber	Action
4/10/2019	Senate	Referred to Assignments

HB 3487

Short Description: HOSPITAL-HEALTH INSURANCE POST

House Sponsors

Rep. Aaron M. Ortiz-Camille Y. Lilly-Robyn Gabel, Michael J. Zalewski, Theresa Mah, Bob Morgan, Elizabeth Hernandez,

Jonathan Carroll, Karina Villa, Celina Villanueva, André Thapedi, Deb Conroy, Jaime M. Andrade, Jr., Anna Moeller, LaToya Greenwood, Rita Mayfield, Katie Stuart, Sonya M. Harper, Delia C. Ramirez, Mark L. Walker, Will Guzzardi, Sara Feigenholtz, Jennifer Gong-Gershowitz, Lamont J. Robinson, Jr. and Carol Ammons

Senate Sponsors

(Sen. Iris Y. Martinez)

Synopsis As Introduced

Amends the University of Illinois Hospital Act and Hospital Licensing Act. Provides that each hospital shall post, in each facility that has an emergency room, a notice in a conspicuous location in the emergency room with information about how to enroll in health insurance through the Illinois health insurance marketplace.

Last Action

Date	Chamber	Action
4/4/2019	Senate	Referred to Assignments

HB 3500

Short Description: HEALTH DEPARTMENTS-NALOXONE

House Sponsors

Rep. Natalie A. Manley

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois and the Counties Code. Provides that the Department of Public Health and each county or multiple-county health department or public health district may provide to a person who is at risk of experiencing or who is experiencing an opioid-related overdose a kit containing naloxone hydrochloride or any other opioid antagonist approved for the treatment of an opioid overdose by the United States Food and Drug Administration. Provides that a person may administer an opioid antagonist that is provided by the Department, a county or multiple-county health department, or a public health district to a person who is experiencing an opioid-related overdose. Provides that a person who in good faith and without compensation administers an opioid antagonist to a person who is experiencing an opioid-related overdose is not liable for any civil or other damages as the result of any act or omission by the person rendering the care, or as the result of any act or failure to act to arrange for further medical treatment or care, for the person experiencing the overdose, unless the person while rendering the care acts with gross negligence, willful misconduct, or intentional wrongdoing. Effective immediately.

Last Action

Date	Chamber	Action
4/3/2019	House	Tabled

HB 3503

Short Description: INS CODE-HEARING AIDS

House Sponsors

Rep. Natalie A. Manley-Jonathan Carroll-Katie Stuart-Frances Ann Hurley-Camille Y. Lilly, Terra Costa Howard, Michelle Mussman, Will Guzzardi, Jennifer Gong-Gershowitz, Kelly M. Burke, Diane Pappas, Kathleen Willis, Elizabeth Hernandez, Robert Martwick and Debbie Meyers-Martin

Senate Sponsors

(Sen. Jennifer Bertino-Tarrant)

Synopsis As Introduced

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 to require coverage for hearing instruments and related services for all individuals 65 years of age and older when a hearing care professional prescribes a hearing instrument. Provides that an insurer shall provide coverage for hearing instruments subject to certain restrictions. Provides that an insurer shall not be required to pay a claim if the insured filed such a claim 24 months prior to the date of filing the claim with the insurer and the claim was paid by any insurer.

House Committee Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes: Provides that an insurer shall offer, for an additional premium and subject to the insurer's standard of insurability, optional coverage or optional reimbursement for hearing instruments and related services for all individuals (rather than the requiring the insurer to provide coverage for hearing instruments and related services for all individuals 65 years of age or older) when a hearing care professional prescribes a hearing instrument to augment communication. Provides a maximum of \$2,500 (rather \$1,500) for the hearing instrument and related services every 24 months. Provides that nothing in the provisions precludes an insured from selecting a more expensive hearing instrument as his or her own expense. Removes language providing that an insurer shall not be required to pay a claim filed by its insured for the payment of the cost of a hearing instrument if less than 24 months before the date of the claim its insured filed a claim for payment of the cost of the hearing instrument and the claim was paid by the insurer. Removes provisions amending the Illinois Public Aid Code.

House Floor Amendment No. 3

In provisions amending the Illinois Insurance Code, provides that nothing in the provisions precludes an insured from selecting a hearing instrument that costs more than the amount covered by a plan of accident and health insurance or a managed care plan and paying the uncovered cost at his or her own expense (rather than a more expensive hearing instrument at his or her own expense).

Last Action

Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

HB 3505

Short Description: \$DHS-SEXUAL ASSAULT PREVENTION

House Sponsors

Rep. Martin J. Moylan

Synopsis As Introduced

Amends "An Act concerning appropriations", Public Act 100-586. Changes the amount of funds appropriated to the Department of Human Services for grants to provide assistance to Sexual Assault Victims and Sexual Assault Prevention Activities from \$6,659,700 to \$12,659,700. Effective immediately.

Last Action

Date	Chamber	Action
3/5/2019	House	Assigned to Appropriations-Human Services Committee

HB 3509

Short Description: HUMAN BREAST MILK COVERAGE

House Sponsors

Rep. Katie Stuart-Jonathan Carroll-Carol Ammons-Thaddeus Jones, Kelly M. Burke, Kelly M. Cassidy, Robyn Gabel and Anne Stava-Murray

Senate Sponsors
(Sen. Rachelle Crowe)

Synopsis As Introduced

Amends the State Employees Group Insurance Act of 1971, Illinois Insurance Code, and the Illinois Public Aid Code. Provides that pasteurized donated human breast milk shall be covered under health insurance and the medical assistance program under the Illinois Public Aid Code. Describes the requirements that must be met to have pasteurized human breast milk covered under health insurance and the medical assistance program. Effective January 1, 2020.

House Committee Amendment No. 1

Provides that one of the requirements to have coverage of pasteurized donated human breast milk is that the milk is obtained from a human milk bank licensed by the Department of Public Health (rather than the milk is obtained from a human milk bank that meets quality guidelines established by the Human Breast Milk Banking Association of North America, or that is licensed by the Department of Public Health).

Last Action

Date	Chamber	Action
4/4/2019	Senate	Referred to Assignments

HB 3511

Short Description: IDPH-MATERNAL MENTAL HEALTH

House Sponsors

Rep. Mary E. Flowers-Debbie Meyers-Martin-LaToya Greenwood-Rita Mayfield-Anne Stava-Murray and Bob Morgan

Senate Sponsors

(Sen. Jacqueline Y. Collins)

Synopsis As Introduced

Creates the Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act. Provides that a general acute care hospital or special hospital that has a perinatal unit, in collaboration with medical staff, shall by January 1, 2021 develop and implement a program to provide education and information to appropriate health care professionals and patients about maternal mental health conditions. Provides that the educational program shall include: (i) education and information for postpartum women and families about maternal mental health conditions, post-hospital treatment options, and community resources; (ii) education and information for hospital employees regularly assigned to work in the perinatal unit, including, as appropriate, registered nurses and social workers, about maternal mental health conditions; and (iii) any other service the hospital determines should be included in the program to provide optimal patient care.

Last Action

Date	Chamber	Action
4/3/2019	Senate	Referred to Assignments

HB 3531

Short Description: HOSPITALS-SURROGACY CONTRACTS

House Sponsors

Rep. Anne Stava-Murray-Lamont J. Robinson, Jr.-LaToya Greenwood-Camille Y. Lilly-Mary E. Flowers, Jennifer Gong-Gershowitz, Sonya M. Harper, Debbie Meyers-Martin, Delia C. Ramirez, Kambium Buckner, Will Guzzardi, Robyn Gabel, Rita Mayfield, Natalie A. Manley, Katie Stuart, Elizabeth Hernandez and Deb Conroy

Senate Sponsors

(Sen. Thomas Cullerton)

Synopsis As Introduced

Amends the Hospital Licensing Act. Provides that if a hospital has a gestational surrogacy contract on file for a gestational surrogate or has otherwise received the gestational surrogacy contract from a gestational surrogate, the hospital may not deny an intended parent entry into the delivery room where the gestational surrogate is being induced or in labor. Provides exceptions if: medical personnel determine that the gestational surrogate's life or health could be jeopardized; the gestational surrogacy contract prohibits an intended parent from being present; or medical personnel determine there is other good cause to prohibit an intended parent from being present, including, but not limited to, if the intended parent is causing a disturbance or other security concerns. Defines terms. Effective immediately.

Last Action

Date	Chamber	Action
4/4/2019	Senate	Referred to Assignments

HB 3554

Short Description: IDPH-EMT LICENSURE SUBMISSION

House Sponsors

Rep. Sue Scherer

Senate Sponsors

(Sen. Ann Gillespie)

Synopsis As Introduced

Amends the Emergency Medical Service (EMS) Systems Act. Provides that at the time of applying for or renewing his or her license, an applicant for a license or license renewal under the Act may submit an email address to the Department of Public Health. Provides that the Department shall keep the email address on file as a form of contact for the individual. Provides that, within 60 days before the expiration of the license, the Department shall send license renewal notices electronically and by mail to all licensees who provide the Department with his or her email address.

Last Action

Date	Chamber	Action
4/12/2019	Senate	Referred to Assignments

HB 3576

Short Description: HEALTH-VIOLENCE PREVENTION

House Sponsors

Rep. Keith R. Wheeler

Senate Sponsors

(Sen. Jason A. Barickman)

Synopsis As Introduced

Amends the Health Care Violence Prevention Act. Removes the term "committed person" and replaces it with "custodial detainee" throughout the Act. Requires health care providers that employ a health care worker to display a notice stating that physical battery (rather than physical assault) will be reported to law enforcement.

Last Action

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Date	Chamber	Action
4/11/2019	Senate	Referred to Assignments

SB 25

Short Description: MHDDC-PSYCHIATRIC EXAM

Senate Sponsors

Sen. Julie A. Morrison-Michael E. Hastings-Melinda Bush

House Sponsors

(Rep. Bob Morgan)

Synopsis As Introduced

Amends the Mental Health and Developmental Disabilities Code. Provides that as soon as possible but not later than 24 hours, excluding Saturdays, Sundays and holidays, after emergency admission of a respondent to a mental health facility on an inpatient basis, the respondent shall be personally examined (rather than examined) by a psychiatrist. Provides that for the purpose of this provision, a personal examination includes an examination performed in real time (synchronous examination) via an Interactive Telecommunication System as defined in the Illinois Administrative Code.

Senate Floor Amendment No. 1

Provides that an examination via an Interactive Telecommunication System may only be used for certification that the respondent is subject to involuntary admission when a psychiatrist is not on-site within the time period set forth in the Code. Provides that if the examination is performed via an Interactive Communication System, that fact shall be noted on the certificate.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 111

Short Description: INS CODE-DENTAL ANESTHETICS

Senate Sponsors

Sen. Julie A. Morrison-Laura Fine, Ann Gillespie, Scott M. Bennett, Michael E. Hastings, Christopher Belt, Napoleon Harris, III, Elgie R. Sims, Jr., Laura M. Murphy-Toi W. Hutchinson and Steven M. Landek

House Sponsors

(Rep. Kathleen Willis-Jonathan Carroll)

Synopsis As Introduced

Amends the Illinois Insurance Code. In provisions concerning coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder, removes the requirement that anesthetics be provided by a dentist licensed under the Illinois Dental Practice Act and changes the age of the individual that treatment shall be covered to under age 26 (rather than under age 19).

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. In provisions concerning coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder, requires coverage for anesthetics provided by a physician licensed to practice medicine in all of its branches under the Medical Practice Act of 1987 and changes the age of the individual for which treatment shall be covered to under age 26 (rather than under age 19).

Last Action

Date	Chamber	Action

SB 162**Short Description:** INSURANCE-DIAGNOSTIC MAMMOGRAM**Senate Sponsors**

Sen. Linda Holmes-Laura Fine, John G. Mulroe, Laura M. Murphy, Cristina Castro, Laura Ellman, Antonio Muñoz, Napoleon Harris, III, Suzy Glowiak, Julie A. Morrison, Jacqueline Y. Collins, Toi W. Hutchinson, Heather A. Steans, Bill Cunningham, Rachelle Crowe, Elgie R. Sims, Jr.-Melinda Bush and Steven M. Landek-Kimberly A. Lightford

House Sponsors

(Rep. Jeff Keicher)

Synopsis As Introduced

Amends the Counties Code, the Illinois Municipal Code, Illinois Insurance Code, the Health Maintenance Organization Act, and the Illinois Public Aid Code. In provisions concerning coverage for mammograms, provides that coverage shall also include a diagnostic mammogram when medically necessary, as determined by a physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant. Makes changes to coverage for a comprehensive ultrasound screening and MRI. Effective immediately.

Senate Floor Amendment No. 1

Provides that if an insurance policy or medical assistance coverage includes mammogram coverage, the coverage shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. Exempts coverage of diagnostic mammograms to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account. Defines "diagnostic mammogram" and "diagnostic mammography". Corrects a typographical error.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 167**Short Description:** DENTAL SERVICE**Senate Sponsors**

Sen. Neil Anderson, Dale Fowler, Emil Jones, III, Rachelle Crowe and Laura Ellman

House Sponsors

(Rep. Tony McCombie-Michael P. McAuliffe and Elizabeth Hernandez)

Synopsis As Introduced

Amends the Illinois Dental Practice Act. Defines "teledentistry". Makes changes concerning the requirements that must be met by a dental assistant before the dental assistant may replace, carve, and finish amalgam restorations, place, pack, and finish composite restorations, and place interim restorations. In provisions concerning the qualifications for a permit to administer anesthesia and sedation, requires the Department to ensure that the dentist has completed and maintains certification in advanced cardiac life support or pediatric advanced life support. In provisions concerning death or incapacitation of a dentist, provides that specified personnel may contract with another dentist or dentists to continue the operations of the deceased or incapacitated dentist's practice for a period of one year (rather than no more than one year) from the time of death or incapacitation or the dentist or until the practice is sold, whichever occurs first. Provides that if the practice is not sold within the initial one-year period, the contract may be extended for additional 12-month periods by the Department, but the extension shall not exceed 3 additional 12-month periods. Sets forth specified requirements for extension. Changes repeal and operative dates for various provisions of the Act. Makes other changes. Effective immediately.

Last Action

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Date	Chamber	Action
4/9/2019	House	Assigned to Health Care Licenses Committee

SB 174

Short Description: IN-OFFICE MEMBERSHIP CARE ACT

Senate Sponsors

Sen. John G. Mulroe-Dave Syverson

House Sponsors

(Rep. Deb Conroy)

Synopsis As Introduced

Creates the In-Office Membership Care Act. Provides the requirements for an in-office membership care agreement between a primary care provider and patient. Provides where in-office membership care services may be provided. Provides that an in-office membership care agreement is not subject to the Illinois Insurance Code and that services provided under an in-office membership care agreement shall not be submitted to an insurer for payment. Provides a disclaimer each in-office membership care agreement shall include concerning not providing health insurance coverage. Provides restrictions on the transfer of an in-office membership care agreement. Provides that the Act does not prohibit health care providers who are not primary care providers from entering into agreements with patients. Makes conforming changes in the Illinois Insurance Code. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Makes the In-Office Membership Care Act apply only to dental care. Effective immediately.

Senate Committee Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes. Makes the In-Office Membership Care Act apply only to dental care. In provisions concerning the effect of the Act, provides that the Act does not prohibit dental care providers who are not dental care providers offering in-office membership care agreements from entering into agreements with patients (rather than the Act does not prohibit dental care providers who are not dental care providers from entering into agreements with patients). Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Insurance Committee

SB 182

Short Description: ESTATES-HEALTH DIRECTIVES

Senate Sponsors

Sen. Julie A. Morrison

House Sponsors

(Rep. Bob Morgan)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health shall study the feasibility of creating a statewide registry of advance directives and Practitioner Order for Life-Sustaining Treatment forms. Amends the Illinois Living Will Act, the Health Care Surrogate Act, the Mental Health Treatment Preferences Declaration Act, and the Powers of Attorney for Health Care Law of the Illinois Power of Attorney Act. Provides that various types of documents may be in hard copy or electronic format. Provides that electronic declarations may be revoked, among other things, by deletion in a manner indicating the intention to revoke and in a manner that meets the requirements for a deletion by a provider deleting an entry in the electronic medical record. Provides that signature and execution requirements are satisfied by written signatures or initials and electronic signatures

or computer-generated signature codes that meet the requirements for a signature by a provider making an entry into the electronic medical record. Provides that a person who enters information in an electronic system under the persona of the principal shall be held civilly liable. Makes conforming changes.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause with the provisions of the introduced bill, and makes the following changes: Provides that the Department of Public Health shall also consult with a statewide bar association, a national bar association with an Illinois chapter that concentrates in elder and disability law, and a not-for-profit organ procurement organization that coordinates organ and tissue donation in the study of the feasibility of creating a statewide registry of advance directives and POLST forms. Provides that the study must be filed with the General Assembly on or before January 1, 2021. Provides that an electronic declaration may be created, signed, or revoked electronically using a generic, technology-neutral system in which each user is assigned a unique identifier that is securely maintained and in a manner that meets the regulatory requirements for a digital or electronic signature. Deletes language providing that the signature and execution requirements are satisfied by electronic signatures or computer-generated signature codes that meet the requirements for a signature by a provider making an entry into the medical record. Deletes language providing that an electronic declaration may also be revoked by the principal's deletion in a manner indicating the intention to revoke and in a manner that meets the requirements for a deletion by a provider deleting an entry in the electronic medical records. Amends the Electronic Commerce Security Act. Deletes language providing that provisions regarding electronic records and electronic signatures shall not apply to any rule of law governing the creation or execution of a living will or healthcare power of attorney.

Last Action

Date	Chamber	Action
4/12/2019	House	Referred to Rules Committee

SB 1135

Short Description: PRESCRIBING PSYCHOLOGIST

Senate Sponsors

Sen. Don Harmon-Dave Syverson-Michael E. Hastings-Neil Anderson and Robert Peters

House Sponsors

(Rep. Sara Feigenholtz)

Synopsis As Introduced

Amends the Hospital Licensing Act. Permits hospitals that admit patients for treatment of mental illness to grant medical staff privileges to licensed prescribing psychologists. Amends the Clinical Psychologist Licensing Act. Requires a psychologist applying for a prescribing psychologist license to have completed 30 psychology doctoral graduate credit hours and 31 credit hours in a Master of Science degree program. Provides that clinical rotation training requirements for prescribing psychologists shall be completed under the administrative supervision of a Director or other faculty member of a regionally approved University that provides training for the master's degree in clinical psychopharmacology. Requires the clinical rotation training to be housed in a healthcare setting and to meet certain academic standards. Provides that all prescriptions written by a prescribing psychologist must contain the prescribing psychologist's name and signature. Provides that physicians may provide collaboration and consultation with prescribing psychologists via telehealth. Permits persons who have 5 years of experience as a prescribing psychologist in another state or at a federal medical facility to apply for an Illinois prescribing psychologist license by endorsement. Makes changes to the Clinical Psychologists Licensing and Disciplinary Board. Amends the Telehealth Act. Expands the definition of "health care professional" to include prescribing psychologists. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to reimburse prescribing psychologists for behavioral health services provided via telehealth. Requires the Department to, by rule, establish rates to be paid for specified services provided by clinical psychologists and prescribing psychologists. Effective immediately.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Clinical Psychologist Licensing Act. Requires a psychologist applying for a prescribing psychologist license to have completed a full-time residency (rather than a practicum) of 14 months' supervised clinical training (removing a requirement of at least 36 credit hours). Adds medical centers, health care facilities located at federal and State prisons, patient-centered medical homes or family-centered medical homes, women's medical health centers, and Federally Qualified Health Centers as possible instructional settings for the residency. Adds specified clinical training standards to the residency requirements. In provisions regarding delegation of prescriptive authority, provides that all prescriptions written by a prescribing psychologist must contain the prescribing psychologist's

name and signature. Amends the Telehealth Act. Expands the definition of "health care professional" to include prescribing psychologists. Effective immediately.

Senate Floor Amendment No. 2

In a provision concerning requirements for a psychologist applying for a prescribing psychologist license, removes a reference to a full-time residency and restores a reference to a full-time practicum. Makes conforming changes.

Last Action

Date	Chamber	Action
4/10/2019	House	Referred to Rules Committee

SB 1136

Short Description: CMS PROGRAMS-AGENCY ATTENDANCE

Senate Sponsors

Sen. Julie A. Morrison-Laura Ellman, Laura Fine, Laura M. Murphy, Steve Stadelman, Antonio Muñoz, Toi W. Hutchinson and Steven M. Landek

House Sponsors

(Rep. Bob Morgan)

Synopsis As Introduced

Amends the Department of Central Management Services Law of the Civil Administrative Code of Illinois. Provides that each State agency shall designate one or more persons with hiring responsibilities to annually attend a presentation provided by the Department of Central Management Services regarding programs created by the Department that were developed and implemented to increase the number of qualified employees with disabilities working in the State. Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to State Government Administration Committee

SB 1165

Short Description: BEHAVIORAL HEALTH TASK FORCE

Senate Sponsors

Sen. Heather A. Steans and Mattie Hunter-Laura M. Murphy

House Sponsors

(Rep. Robyn Gabel)

Synopsis As Introduced

Amends the Behavioral Health Workforce Education Center Task Force Act. Provides that the Behavioral Health Education Center Task Force must recognize that the behavioral health workforce is comprised of a broad range of professions providing prevention, treatment, and rehabilitation services for mental health conditions and substance use disorders. Provides that to address workforce capacity issues that impact access to care, the Task Force must engage in extensive planning and data collection. Provides that because there is no central data repository that exists for Illinois' behavioral health workforce, the Task Force must identify a data set, which is a foundational step to analyzing and providing recommendations to the concepts presented in House Bill 5111, as introduced, of the 100th General Assembly. Requires the Task Force to submit its findings and recommendations to the General Assembly on or before December 31, 2019 (rather than on or before September 28, 2018). Effective immediately.

Last Action

Date	Chamber	Action

SB 1214**Short Description:** IDPH-PHLEBOTOMY-TRAINING**Senate Sponsors**

Sen. Thomas Cullerton-Laura M. Murphy, Rachelle Crowe, Cristina Castro, Julie A. Morrison, Toi W. Hutchinson, Elgie R. Sims, Jr., Steven M. Landek, Antonio Muñoz, Martin A. Sandoval and Ann Gillespie

House Sponsors

(Rep. Karina Villa)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department of Public Health to ensure that those who draw blood from children and adults with intellectual and developmental disabilities are trained, at least once every 3 years, in the most current method of drawing blood from children and adults with developmental and intellectual disabilities. Provides that the training shall focus on drawing blood in a safe manner that is as comfortable as possible. Requires the Department to ensure that those facilities and providers review their training program at least once within each 3-year period to ensure that the training includes the most current methods available of drawing blood from children and adults with intellectual and developmental disabilities that is safe and comfortable for them and their families. Requires the Department to ensure that by July 1, 2020 all medical facilities are equipped to draw blood from children and adults with intellectual and developmental disabilities using finger-prick equipment, hemoglobin testing equipment, and all other related equipment that can be adapted to serve patients with intellectual and developmental disabilities.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health shall develop and make available training materials that ensure that all phlebotomists are trained in the most current methods of drawing blood from children and adults with intellectual and developmental disabilities. Provides that the materials shall conform to the best available practices used for drawing blood in a safe manner that is as comfortable as possible for the individual from whom blood is drawn and for the families, guardians, caretakers, or companions of the individual accompanying him or her while blood is drawn. Provides that the Department shall review the materials every 3 years to ensure that they conform with the best available practices. Provides that the Department shall ensure that health care providers and laboratories that employ a phlebotomist incorporate the training as part of a phlebotomist's initial employment training and as part of any ongoing training to maintain competencies and certifications as a phlebotomist. Defines "phlebotomist".

Last Action

Date	Chamber	Action
4/10/2019	House	Referred to Rules Committee

SB 1221**Short Description:** MEDICAL PRACTICE ACT-SUNSET**Senate Sponsors**

Sen. Emil Jones, III, Neil Anderson and Chuck Weaver

House Sponsors

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Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal of the Medical Practice Act of 1987 from December 31, 2019 to December 31, 2029. Effective immediately.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Amends the Regulatory Sunset Act. Extends the repeal date of the

Medical Practice Act of 1987 from December 31, 2019 to January 1, 2025. Amends the Medical Practice Act of 1987. Removes obsolete language regarding certain transfers of money from the Illinois State Medical Disciplinary Fund to the Local Government Tax Fund. In provisions concerning disposition and collection of fees, removes language imposing fees for wall certificates and for the rosters of persons licensed as physicians. Provides that notice of certain proceedings before the Department of Financial and Professional Regulation or the Medical Disciplinary Board may be served by personal delivery, email to the respondent's email address of record, or mail to the respondent's address of record (rather than by personal delivery or by certified or registered mail). Provides that hearing officers may administer oaths at any hearing that the Medical Disciplinary Board or Department is authorized by law to conduct. Adds the report of the hearing officer and exhibits to the list of items that constitute the record of the proceedings for a hearing involving disciplinary action. Removes language requiring the Department to furnish a copy of the record to any person interested in the hearing and to provide the name and contact information for the certified shorthand reporter who transcribed the testimony. Requires the Disciplinary Board to serve to an accused person a written report of the Medical Disciplinary Board's findings and recommendations either personally or by mail or email (rather than personally or by registered or certified mail). Effective immediately.

Last Action

Date	Chamber	Action
4/15/2019	House	Arrived in House

SB 1258

Short Description: EMS SYSTEMS-OVERDOSE REPORTING

Senate Sponsors

Sen. Bill Cunningham-Rachelle Crowe and Mattie Hunter

House Sponsors

(Rep. Frances Ann Hurley-Mary Edly-Allen and Terra Costa Howard)

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act. Provides that covered vehicle service provider personnel who treat and either release or transport to a health care facility an individual experiencing a suspected or an actual opioid overdose shall document in the patient's care report the date and time of the overdose, the location in latitude and longitude where the overdose victim was initially encountered, whether one or more doses of an opioid overdose reversal drug was administered, and whether the overdose was fatal or nonfatal when the overdose victim was initially encountered and during the transportation of the victim to a health care facility. Provides that a covered vehicle service provider shall also provide the information to a specified mapping application. Provides that the information documented by a covered vehicle service provider shall not be used in an opioid use-related criminal investigation or prosecution of the individual treated by the covered vehicle service provider personnel. Exempts from civil or criminal liability all covered vehicle service providers and covered vehicle service provider personnel who report the information in good faith. Amends the State Mandates Act to require implementation without reimbursement by the State. Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Human Services Committee

SB 1377

Short Description: IL INSURANCE GUARANTY FUND

Senate Sponsors

Sen. John G. Mulroe and Laura Fine

House Sponsors

(Rep. Michael Halpin)

Synopsis As Introduced

Amends the Illinois Insurance Guaranty Fund Article of the Illinois Insurance Code. Provides that a "covered claim" does not include a claim for fines and penalties paid to government authorities. Provides that the board of directors of the Illinois Insurance Guaranty Fund has the authority to assess to pay off a loan necessary to pay covered claims. Provides that if the loan is projected to be outstanding for 3 years or more, the board of directors has the authority to increase the assessment to 3% of net direct written premiums for the previous year until the loan has been paid in full. Makes changes in provisions that specify conditions under which the Fund is bound by certain settlements, releases, compromises, waivers, and final judgments. Provides that the Fund may also take legal action to recover from insurers and insureds in certain circumstances. Provides that the Fund may bring an action against certain third-party representatives of an insolvent insurer to obtain custody and control of all claim information related to the insolvent company. Provides that any person recovering under the Article and any insured whose liabilities are satisfied under the Article shall be deemed to have assigned the person's or insured's rights under the policy to the Fund to the extent of his or her recovery or satisfaction obtained from the Fund's payments. Provides that the Fund may also pay certain workers' compensation claims or any other third-party claims covered by a policy of an insolvent company on behalf of a high net worth insured and may recover from the high net worth insured through any action necessary to collect the full amount to the Fund's reimbursement. Effective immediately.

Senate Committee Amendment No. 1

In provisions concerning actions regarding insolvent company records, provides that the Illinois Insurance Guaranty Fund has the absolute right through emergency equitable relief to obtain custody and control of certain claims information in possession of certain third-party administrators, agents, attorneys, or other representatives of an insolvent insurer (rather than the absolute right through emergency equitable relief to obtain custody and control of certain third-party administrators, agents, attorneys, or other representatives of an insolvent insurer).

Senate Floor Amendment No. 2

Provides that the Illinois Insurance Guaranty Fund shall recover (rather than may recover) from the high net worth insured for all amounts paid on its behalf, all allocated claim adjusted expenses related to such claims, the Fund's attorney's fees, and all court costs in any action necessary to collect the full amount to the Fund's reimbursement. Makes a grammatical change.

Last Action

Date	Chamber	Action
4/10/2019	House	Arrived in House

SB 1411

Short Description: TRACK-SEXUAL ASSAULT EVIDENCE

Senate Sponsors

Sen. Dan McConchie, Emil Jones, III, Julie A. Morrison-Scott M. Bennett, Toi W. Hutchinson-Laura M. Murphy, Steven M. Landek and Rachele Crowe

House Sponsors

(Rep. Margo McDermid)

Synopsis As Introduced

Amends the Sexual Assault Evidence Submission Act. Provides that the State Police shall by rule establish a sexual assault evidence tracking system that conforms to the recommendations made by the Sexual Assault Evidence Tracking and Reporting Commission in its report dated June 26, 2018. Provides that the Department of State Police shall design the criteria for the sexual assault evidence tracking system so that, to the extent reasonably possible, the system can use existing technologies and products. Provides that the sexual assault evidence tracking system shall be operational no later than one year after the effective date of the amendatory Act. Provides that a treatment hospital, a treatment hospital with approved pediatric transfer, an out-of-state hospital approved by the Department of Public Health to receive transfers of Illinois sexual assault survivors, or an approved pediatric health care facility must comply with rules relating to the collection and tracking of sexual assault evidence adopted by the Department of State Police. Provides for the operations of the sexual assault tracking system to be funded by appropriations from the State Crime Laboratory Fund, together with asset forfeiture and other funds appropriated by the General Assembly. Authorizes emergency rulemaking. Exempts information in the sexual assault evidence tracking system from disclosure under the Freedom of Information Act. Amends the Illinois Administrative Procedure Act, the Freedom of Information Act, the Sexual Assault Survivors Emergency Treatment Act, and the Unified Code of Corrections to make conforming changes. Amends the State Mandates Act to require implementation without reimbursement. Effective immediately.

Senate Committee Amendment No. 2

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill. Adds requirements and recommendations of the report created by the Sexual Assault Evidence Tracking and Reporting Commission issued on June 26, 2018 for implementation of the sexual assault evidence tracking system. Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Judiciary - Criminal Committee

SB 1425

Short Description: IDPH-SUICIDE PREVENTION

Senate Sponsors

Sen. Heather A. Steans-Jil Tracy, John G. Mulroe, Laura Fine-Christopher Belt, Napoleon Harris, III, John J. Cullerton, Rachelle Crowe, Cristina Castro, Julie A. Morrison, Jason A. Barickman-Kimberly A. Lightford, Antonio Muñoz, Scott M. Bennett, Emil Jones, III, Laura M. Murphy, Toi W. Hutchinson, Bill Cunningham, Steven M. Landek, Don Harmon, Robert Peters, Elgie R. Sims, Jr. and Steve Stadelman-Iris Y. Martinez

House Sponsors

(Rep. Anne Stava-Murray-Sara Feigenholtz)

Synopsis As Introduced

Amends the Suicide Prevention, Education, and Treatment Act. Makes changes concerning the findings of the General Assembly. Creates the Office of Suicide Prevention within the Department of Public Health for the purpose of implementing the Act. Requires the Office of Suicide Prevention, in consultation with the Illinois Suicide Prevention Alliance, to submit an annual report to the Governor and General Assembly on the effectiveness of the activities and programs undertaken under the Illinois Suicide Prevention Strategic Plan that includes any recommendations for modification to Illinois law to enhance the effectiveness of the Plan (instead of an annual report by the Illinois Suicide Prevention Alliance). Changes what shall be contained in the Plan. Provides that the Office of Suicide Prevention (in addition to the Department) shall provide technical assistance to the Illinois Suicide Prevention Alliance and implement a general awareness and screening program. Provides that the program shall include an annual statewide suicide prevention conference. Removes provisions requiring the Department to establish 5 suicide prevention pilot programs relating to youth, elderly, special populations, high-risk populations, and professional caregivers. Provides that the Office of Suicide Prevention shall establish programs that are consistent with the Plan. Effective July 1, 2019.

Senate Committee Amendment No. 1

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Creates the Office of Suicide Prevention within the Department of Public Health. Provides that the duties of the Office of Suicide Prevention shall include, but shall not be limited to: (1) coordinating suicide prevention, intervention, and postvention programs, services, and efforts statewide; (2) developing and submitting proposals for funding from federal agencies or other sources of funding to promote suicide prevention and coordinate activities; (3) with input from the Illinois Suicide Prevention Alliance, preparing the Illinois Suicide Prevention Strategic Plan and coordinating the activities necessary to implement the recommendations in that Plan; (4) with input from the Illinois Suicide Prevention Alliance, providing an annual report to the Governor and General Assembly; and (5) providing technical support for the activities of the Illinois Suicide Prevention Alliance. Corrects a typographical error.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause with the provisions of the introduced bill as amended by Senate Amendment No. 1 with the following changes: Provides that the Department of Public Health shall (rather than may) implement specified activities associated with the Suicide Prevention, Education, and Treatment Act. Removes language creating the Office of Suicide Prevention and instead, where applicable, replaces references to the Office with references to the Department. Makes a technical change to the legislative findings. Provides that the bill is effective immediately (rather than on July 1, 2019).

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1449

Short Description: INS CD-MENTAL HEALTH PARITY

Senate Sponsors

Sen. Julie A. Morrison, Scott M. Bennett, Elgie R. Sims, Jr., Laura M. Murphy, Steve Stadelman-Toi W. Hutchinson-Kimberly A. Lightford and Pat McGuire

House Sponsors

(Rep. Bob Morgan)

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that every insurer that amends, delivers, issues, or renews a group or individual policy or certificate of disability insurance or disability income insurance shall ensure parity for the payment of mental, emotional, nervous, or substance use disorders or conditions. Changes the definition of "treatment limitation" to include benefit payments under disability insurance or disability income insurance.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that the Department of Insurance shall form a task force to review the plans and policies for individual and group short-term and long-term disability income insurance issued and offered to individuals and employers in this State to examine the use of such insurance for behavioral health conditions. Provides that the task force shall be comprised of experts in the disability income insurance industry, experts in the behavioral health conditions and treatment industry, members of the general public, and members of the General Assembly. Provides that the task force shall submit findings and recommendations to the Governor and the General Assembly by December 31, 2020. Dissolves the task force on December 31, 2021. Effective immediately.

Senate Floor Amendment No. 3

Replaces everything after the enacting clause. Reinserts the bill as amended by Senate Amendment 1 with the following changes: Makes changes to the membership of the task force. Provides that the task force shall elect a chairperson from its membership and shall have the authority to determine its meeting schedule, hearing schedule, and agendas. Effective immediately.

Senate Floor Amendment No. 4

In provisions concerning the membership of the task force, provides that it shall be comprised of 2 representatives of (rather than experts in) the disability income insurance industry. Makes changes to the responsibilities of the task force.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1506

Short Description: DENSE BREAST TISSUE ACT

Senate Sponsors

Sen. John G. Mulroe

House Sponsors

(Rep. Michael P. McAuliffe)

Synopsis As Introduced

Amends the Department of Public Health Powers and Duties Law and the Illinois Emergency Management Agency Act of the Civil Administrative Code of Illinois. Repeals a provision requiring the Department of Public Health to enforce provisions regarding the duty of providers of mammography services to provide specific notifications if a patient's mammogram demonstrates dense breast tissue and requires the Illinois Emergency management Agency to enforce the provisions.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Creates the Dense Breast Tissue Act. Provides that the Act's provisions apply to a facility that provides mammography services in Illinois. Provides that if a patient's mammogram demonstrates dense breast tissue, the provider of mammography services shall provide notification to the patient in the summary of the mammography report sent to the patient that shall include specified information. Defines "dense breast tissue". Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Repeals a provision requiring the Department of Public Health to enforce provisions regarding the duty of providers of mammography services to provide specific notifications if a patient's mammogram demonstrates dense breast tissue.

Last Action

Date	Chamber	Action
4/10/2019	House	Referred to Rules Committee

SB 1557

Short Description: INS CD-PHARM BENEFITS MANAGERS

Senate Sponsors

Sen. Steve Stadelman and Sue Rezin-Dan McConchie-Laura M. Murphy-Melinda Bush

House Sponsors

(Rep. Karina Villa)

Synopsis As Introduced

Amends the Illinois Insurance Code. Creates the Pharmacy Benefits Managers Article. Provides that a pharmacy benefits manager may not prohibit a pharmacy or pharmacist from providing a customer with a more affordable alternative if a more affordable alternative is available.

Senate Floor Amendment No. 1

Defines "pharmacy benefit manager" as an entity that administers or manages a pharmacy benefits plan or program for an accident and health insurer (rather than an entity that administers or manages a pharmacy benefits plan or program).

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1573

Short Description: DHFS-MEDICAID-LONG TERM CARE

Senate Sponsors

Sen. John G. Mulroe

House Sponsors

(Rep. Jay Hoffman)

Synopsis As Introduced

Amends the Illinois Public Aid Code. Makes technical changes to specify in provisions concerning provisional eligibility for long-term care services that: (i) the Department of Healthcare and Family Services must maintain the applicant's provisional Medicaid enrollment status until a final eligibility determination is approved or the applicant's appeal has been adjudicated and eligibility is denied; (ii) the Department of Healthcare and Family Services or the managed care organization, if applicable, must reimburse providers for services rendered during an applicant's provisional eligibility period; (iii) the Department of Healthcare and Family Services must submit payment vouchers for all retroactive reimbursement due to the Office of the Comptroller within 10 business days of issuing provisional eligibility to an applicant; and (iv) the Department of Healthcare and Family Services must adopt rules.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Human Services Committee

SB 1659

Short Description: IDPH-HPV VACCINATION

Senate Sponsors

Sen. Julie A. Morrison-Iris Y. Martinez

Synopsis As Introduced

Amends the Communicable Disease Prevention Act. Provides that the Department of Public Health shall adopt a rule requiring students, upon entering the 6th grade of any public, private, or parochial school, to receive a human papillomavirus (HPV) vaccination. Provides that the Department shall adopt the rule in time to allow students to receive the vaccination before the start of the school year beginning in 2022. Effective January 1, 2021.

Last Action

Date	Chamber	Action
3/13/2019	Senate	Tabled By Sponsor Sen. Julie A. Morrison

SB 1696

Short Description: DHFS-TECHNICAL ADVISORY GROUP

Senate Sponsors

Sen. Heather A. Steans

House Sponsors

(Rep. Jerry Costello, II)

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that during the first quarter of State Fiscal Year 2020, the Department of Healthcare of Family Services must convene a technical advisory group consisting of members of all trade associations representing Illinois skilled nursing providers to discuss changes necessary with the federal implementation of Medicare's Patient-Driven Payment Model. Provides that implementation of Medicare's Patient-Driven Payment Model shall, by September 1, 2020, end the collection of the MDS data that is necessary to maintain the current RUG-IV Medicaid payment methodology. Requires the technical advisory group to consider a revised reimbursement methodology that takes into account transparency, accountability, actual staffing as reported under the federally required Payroll Based Journal system, changes to the minimum wage, adequacy in coverage of the cost of care, and a quality component that rewards quality improvements. Effective immediately.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1702

Short Description: MHDD CD-ADV PRACT PSY NURSE

Senate Sponsors

Sen. Julie A. Morrison

House Sponsors
(Rep. Bob Morgan)

Synopsis As Introduced

Amends the Mental Health and Developmental Disabilities Code. Permits an advanced practice psychiatric nurse to order restraints or seclusion for a recipient of treatment. Provides that an advanced practice psychiatric nurse may examine a respondent and execute a certificate which states that the respondent is subject to involuntary admission on an inpatient basis and requires immediate hospitalization. Defines "advanced practice psychiatric nurse" as a nurse who is licensed to practice as an advanced practice registered nurse under the Nurse Practice Act and has been certified by the American Nurses Credentialing Center as a psychiatric mental health clinical nurse specialist or a psychiatric mental health nurse practitioner.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1715

Short Description: PHARMACY PRACTICE-INJECTIONS

Senate Sponsors

Sen. Michael E. Hastings and Robert Peters

House Sponsors

(Rep. Sara Feigenholtz)

Synopsis As Introduced

Amends the Pharmacy Practice Act. Provides that the "practice of pharmacy" includes the administration of injections of long-term antipsychotic medications pursuant to a valid prescription by a physician licensed to practice medicine in all its branches, upon completion of appropriate training, including how to address contraindications and adverse reactions set forth by rule, with notification to the patient's physician and appropriate record retention, or pursuant to hospital pharmacy and therapeutics committee policies and procedures.

Senate Committee Amendment No. 1

Provides that following the initial administration of long-acting or extended-release form opioid antagonists by a physician licensed to practice medicine in all its branches, administration of injections of long-acting or extended-release form opioid antagonists for the treatment of substance use disorder, pursuant to a valid prescription by a physician licensed to practice medicine in all its branches, upon completion of appropriate training, including how to address contraindications and adverse reactions, including, but not limited to, respiratory depression and the performance of cardiopulmonary resuscitation, set forth by rule, with notification to the patient's physician and appropriate record retention, or pursuant to hospital pharmacy and therapeutics committee policies and procedures. Provides that training by a physician licensed to practice medicine in all its branches must be conducted by an Accreditation Council of Pharmaceutical Education accredited provider (rather than the requirement of completing the appropriate training).

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Health Care Licenses Committee

SB 1726

Short Description: ALZHEIMER'S-ADVISORY COMMITTEE

Senate Sponsors

Sen. Suzy Glowiak-Kimberly A. Lightford, Ram Villivalam, Robert Peters, John G. Mulroe, Bill Cunningham, Melinda Bush-Terry Link, Neil Anderson, Steve Stadelman, John F. Curran, Laura Fine, Julie A. Morrison, Rachelle Crowe, Christopher Belt, Chuck Weaver, Andy Manar, Laura M. Murphy, Elgie R. Sims, Jr., Steven M. Landek and Jennifer Bertino-Tarrant

House Sponsors

(Rep. Natalie A. Manley-Jonathan Carroll-Frances Ann Hurley and Celina Villanueva)

Synopsis As Introduced

Amends the Alzheimer's Disease Research Act. Changes the short title of the Act to the Alzheimer's Disease Research, Care, and Support Fund Act. Creates the full-time position of Dementia Coordinator within the Department of Public Health, who is responsible only for activities associated with and relevant to the successful implementation of the State of Illinois Alzheimer's Disease State Plan. Changes the name of the Alzheimer's Disease Research Fund to the Alzheimer's Disease Research, Care, and Support Fund and makes corresponding changes in the State Finance Act. Provides that moneys from the Fund shall be used to cover costs, including the Dementia Coordinator's salary and expenses. Provides that the Department shall be responsible for providing the Dementia Coordinator with administrative support through its existing resources and not from the Fund. Repeals provisions concerning a grant program administered by the Department. Amends the Alzheimer's Disease Assistance Act. Makes changes concerning the membership of the Alzheimer's Disease Advisory Committee. Requires the Department of Public Health to make reasonable efforts to promote the Alzheimer's Disease Research, Care, and Support Fund during relevant times, including, but not limited to, periods of time when tax returns are typically received, such as issuing press releases and posting on social media.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause with the provisions of the introduced bill with the following changes: provides that the Alzheimer's Disease Advisory Committee shall consist of 17 (rather than 16) voting members; provides that the additional voting member of the Committee shall be an individual with medical or academic experience with early onset Alzheimer's disease or related disorders; and provides that the Dementia Coordinator shall be funded out of the Alzheimer's Disease Research, Care, and Support Fund.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1739

Short Description: IL HEALTH FACILITIES PLANNING

Senate Sponsors

Sen. John G. Mulroe-Laura M. Murphy

House Sponsors

(Rep. William Davis)

Synopsis As Introduced

Amends the Illinois Health Facilities Planning Act. Provides that any written review or findings of the Board staff set forth in the State Board Staff Report concerning an application for a permit must be made available to the public and the applicant (currently, only the public) at least 14 calendar days before the meeting of the State Board at which the review or findings are considered. Provides that members of the public and the applicant (currently, only members of the public) shall have until 10 days before the meeting of the State Board to submit any written response concerning the Board staff's written review or findings. Provides that the State Board shall, among other powers and duties, elect a Vice Chairman to preside over State Board meetings and otherwise act in place of the Chairman when the Chairman is unavailable. Provides that State Board staff shall, among other powers and duties, issue advisory opinions upon request. Provides that staff advisory opinions do not constitute determinations by the State Board. Provides that determinations by the State Board are made through the declaratory ruling process. Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Appropriations-Human Services Committee

SB 1828

Short Description: NEEDLE AND HYPODERMIC ACCESS

Senate Sponsors

Sen. Melinda Bush, Laura Fine, Mattie Hunter-Julie A. Morrison-Patricia Van Pelt, Toi W. Hutchinson, Ram Villivalam-Robert Peters, Cristina Castro, Laura M. Murphy, David Koehler, Donald P. DeWitte, John F. Curran-Sue Rezin and Jacqueline Y. Collins

House Sponsors

(Rep. Deb Conroy)

Synopsis As Introduced

Creates the Needle and Hypodermic Syringe Access Program Act. Provides that persons or entities that promote scientifically proven ways of mitigating health risks associated with drug use and other high-risk behaviors may establish and operate a needle and hypodermic syringe access program. Provides objectives for programs established under the Act. Includes language requiring programs to provide specified services. Provides that no employee or volunteer of or participant in a program shall be charged with or prosecuted for possession of specified substances. Provides that law enforcement officers who in good faith arrest or charge a person entitled to immunity under the Act shall not be subject to civil liability for the arrest or filing of charges. Provides that prior to commencing operations under the Act, an organization shall report specified information to the Department of Public Health. Amends the Alcoholism and Other Drug Abuse and Dependency Act. Provides that the Department of Human Service shall give preference for grants and proposals to specified drug overdose prevention programs. Provides that the Department of Human Services shall conduct an evidence-based treatment needs assessment to be submitted to the General Assembly by December 31, 2019. Effective immediately.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause with the provisions of the introduced bill with the following changes: Renames the Needle and Hypodermic Syringe Access Program Act the Overdose Prevention and Harm Reduction Act. Provides that the Department of Human Service's report on drug overdose trends statewide shall provide information on the current substance use disorder treatment capacity within the State. Requires the report to include an inventory of the State's substance use disorder treatment capacity. Provides that the Department may support specified drug overdose projects by facilitating the acquisition of opioid antagonist medication approved for opioid overdose reversal. Provides specified elements the Department may promote in supporting best practices in drug overdose prevention programming. Deletes provisions requiring the Department to give preference for grants to proposals that, in addition to providing life-saving interventions and responses, provide information to drug users on how to access substance use disorder treatment or other strategies for abstaining from illegal drugs. Removes provisions requiring the Department to contract with a third party research organization to conduct a needs assessment of the Illinois substance use disorder treatment system. Makes other changes. Amends the Hypodermic Syringes and Needles Act. Provides that the Act shall not prohibit the sale, possession, or use of hypodermic syringes or hypodermic needles by a staff person, volunteer, or participant in a needle or hypodermic syringe access program. Effective immediately.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1852

Short Description: EPA-PERMITS-ETHYLENE OXIDE

Senate Sponsors

Sen. John F. Curran-Melinda Bush-Laura Ellman-Jacqueline Y. Collins-Suzy Glowiak, Laura Fine, Terry Link, Thomas Cullerton, Julie A. Morrison and Heather A. Steans

House Sponsors

(Rep. Jim Durkin-Grant Wehrli-Joyce Mason)

Synopsis As Introduced

Amends the Environmental Protection Act. Provides that in the event of an ethylene oxide leak a facility shall issue a notice to all affected property owners and local government within 2,500 feet of the leak site. Effective immediately.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Environmental Protection Act. Provides that in the event of

an ethylene oxide leak a facility shall issue a notice with specified information immediately upon discovery to all affected property owners and local government within 2,500 feet of the leak site. Provides that the amendatory Act's provisions apply only to an owner or operator of a sterilization source using one ton or more of ethylene oxide in a rolling 12-month period of sterilization or fumigation operations, and do not apply to beehive fumigators, research or laboratory facilities, or sources such as hospitals, doctors' offices, clinics, or other facilities for which the primary purpose is to provide medical services to humans or animals.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1854

Short Description: EPA-FUGITIVE EMISSIONS

Senate Sponsors

Sen. John F. Curran-Melinda Bush-Laura Ellman, Jacqueline Y. Collins-Suzy Glowiak, Julie A. Morrison, Laura Fine, Terry Link, Thomas Cullerton and Heather A. Steans

House Sponsors

(Rep. Jim Durkin-Grant Wehrli-Joyce Mason)

Synopsis As Introduced

Amends the Environmental Protection Act. Provides that beginning on the effective date of the amendatory Act no facility shall have fugitive emissions of ethylene oxide above zero. Provides that each facility shall be subject to regular and frequent inspections and testing to ensure that no fugitive emissions of ethylene oxide exist. Provides that inspections shall be unannounced and conducted by a third party chosen by the municipality in which the facility operates. Provides that each facility shall be subject to fence line ambient air testing, at random, once within every 90 to 120 days for a duration of 24-hour samples of no less than 6 consecutive days. Provides that the testing shall be conducted by a third party chosen by the municipality in which the facility operates. Defines "fugitive emissions". Effective immediately.

Senate Floor Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the introduced bill with the following changes: Provides that inspections shall be unannounced and conducted by the Agency, or, at the Agency's direction, a qualified third party chosen by the Agency (currently, by a qualified third party chosen by the Agency, in consultation with the municipality in which the facility operates). Provides that emissions test shall be paid for by the facility. Effective immediately.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1880

Short Description: \$DHS-COMM MENTAL HEALTH

Senate Sponsors

Sen. Heather A. Steans

Synopsis As Introduced

Makes various appropriations to the Department of Human Services from the General Revenue Fund for rate increases for certified community mental health centers and community day services providers and grants to licensed providers of community-based addiction treatment services for persons with substance use disorders, reducing uncompensated hours in community-integrated living arrangements, increasing base nursing reimbursements to nurses in 5 to 8 bed community-integrated living arrangements, and increasing administration cost reimbursements in community-integrated living arrangements. Effective July 1, 2019.

Last Action

Date	Chamber	Action
2/27/2019	Senate	Assigned to Appropriations I

SB 1909**Short Description:** HEALTH-PREGNANCY/POSTPARTUM**Senate Sponsors**

Sen. Cristina Castro-Toi W. Hutchinson-Jacqueline Y. Collins-Iris Y. Martinez-Kimberly A. Lightford, Laura M. Murphy, Ram Villivalam, Robert Peters, Linda Holmes, Elgie R. Sims, Jr., Suzy Glowiak, Antonio Muñoz, Martin A. Sandoval, Mattie Hunter and Jennifer Bertino-Tarrant

House Sponsors

(Rep. LaToya Greenwood-Robyn Gabel-Anne Stava-Murray)

Synopsis As Introduced

Amends the Illinois Insurance Code. Requires certain group health insurance policies and other specified policies to provide coverage of medically necessary treatment for postpartum complications as determined by the woman's treating physician. 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, and the Voluntary Health Services Plans Act. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Adds provisions regarding birthing facilities and neonatal and maternal care designations. Amends the Department of Human Services Act. Provides that the Department of Human Services may establish the Nurse-Family Partnership Pilot Program. Amends the Illinois Public Aid Code. Provides that women during pregnancy and during a 12-month (rather than 60-day) period are eligible for medical assistance. Provides that otherwise eligible women shall receive coverage for doula services, perinatal depression screenings, and other services. Provides that the Department of Children and Family Services shall seek approval of a State Plan amendment to expand coverage for family planning services to women whose income is at or below 200% of the federal poverty level. Makes other changes. Amends the Adoption Act. Removes a rebuttable presumption regarding a parent's unfitness if, at birth, the urine, blood, or meconium of the parent's child contains any amount of specified controlled substances. Makes conforming changes to the Abused and Neglected Child Reporting Act and the Juvenile Court Act of 1987. Effective immediately.

Senate Committee Amendment No. 1

Further amends the Department of Human Services Act. Provides that the Department of Human Services' High Risk Infant Follow-Up program shall be expanded to serve any pregnant or post-partum woman identified as high-risk by a Level I, Level II, or Level III hospital. Provides that the services shall be provided by registered nurses. Requires the Department, in conjunction with the Department of Public Health and specified entities, to develop rules and appropriate revisions to the High Risk Infant Follow-Up program to expand existing services provided by registered nurses to pregnant and postpartum women. Provides that such rules shall be adopted no later than January 1, 2021. Amends the Medical Patient Rights Act. Provides that, with the exception of medical emergencies with inadequate time to obtain consent, each patient has the right to specific informed consent, or informed permission in the case of an infant, including information regarding the health and legal benefits and risks regarding biochemical testing for controlled substances. Provides that health care providers shall provide to patients, or patients' representatives, in writing, specified information.

Senate Committee Amendment No. 2

In provisions expanding the Department of Public Health's High Risk Infant Follow-Up program, provides that the registered nurses may collaborate with other providers, including, but not limited to, obstetricians, gynecologists, and pediatricians, when providing the services to the patient. Adds the provisions concerning maternal care designations at birthing facilities to the Developmental Disability Prevention Act (rather than to the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois) and makes the following changes to those provisions: provides that the Department of Public Health shall adopt rules to implement specified provisions; requires the Department to hold multiple public hearings with representatives from diverse geographical regions and professional backgrounds (rather than in diverse geographic regions of the State); Removes language regarding neonatal care; requires the Department to adopt rules to implement the amendatory Act's provisions by June 1, 2021 (rather than January 1, 2021); and removes language requiring a birthing facility to report to the Department its appropriate level of neonatal care designation and maternal care designation.

Senate Committee Amendment No. 3

Removes Sections amending the Abused and Neglected Child Reporting Act, the Medical Patient Rights Act, the Juvenile Court Act of 1987, and the Adoption Act.

Senate Floor Amendment No. 4

Replaces everything after the enacting clause with the provisions of the introduced bill as amended by Senate Amendment Nos. 1, 2, and 3 with the following changes: Further amends the Illinois Insurance Code. Provides that insurers shall allow hospitals separate reimbursement for a long-acting reversible contraceptive device provided immediately postpartum in the inpatient hospital setting before hospital discharge. Provides that coverage shall be subject to other general exclusions, limitations, and financial requirements of the policy, including coordination of benefits, participating provider requirements, and utilization review of health care services, including review of medical necessity, case management, experimental and investigational treatments, managed care provisions, and other terms and conditions. Provides that nothing shall prevent an insurer from applying concurrent and post-service utilization review of health care services, including review of medical necessity, case management, experimental and investigational treatments, managed care provisions, and other terms and conditions of the insurance policy. Removes language providing that benefits for days 29 and thereafter of inpatient care, detoxification/withdrawal management, partial hospitalization, intensive outpatient treatment, and outpatient treatment shall be subject to concurrent review. Provides that an independent utilization review organization shall make a determination within 72 (rather than 24) hours. Removes language regarding when the benefits for outpatient prescription drugs to treat mental, emotional, nervous, or substance use disorder or conditions shall be provided. Removes language requiring the first 180 days per plan year of benefits to be computed based on inpatient days. In provisions amending the Department of Human Services Act, provides that the Department of Human Services shall expand and update its maternal child health programs to serve any pregnant or postpartum woman identified as high-risk by her primary care provider or hospital according to the standards developed by the Department of Public Health under the Developmental Disability Prevention Act. Provides that the services shall be provided by registered nurses, licensed social workers, or other staff with behavioral health or medical training, as approved by the Department of Human Services. Provides that the persons providing the services may collaborate with other providers, including, but not limited to, obstetricians, gynecologists, or pediatricians, when providing services to a patient. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Department of Public Health, in collaboration with the Department of Human Services, the Department of Healthcare and Family Services, and other key providers of maternal child health services, shall, on or before June 1, 2021, revise or add to the rules of the Maternal and Child Health Services Code of the Illinois Administrative Code that govern the High Risk Infant Follow-up, using current scientific and national and State outcomes data, to expand existing services to improve both maternal and infant outcomes overall and to reduce racial disparities in outcomes and services provided.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

SB 1965

Short Description: HEALTH CARE WORKER BACKGROUND

Senate Sponsors

Sen. Elgie R. Sims, Jr.

House Sponsors

(Rep. Justin Slaughter-Michael P. McAuliffe)

Synopsis As Introduced

Amends the Health Care Worker Background Check Act. Provides that an individual otherwise qualified for and intending to apply for a direct care position who has a disqualifying conviction may initiate a fingerprint-based criminal history record check where a conditional offer of employment has not been made and such a background check has not been previously conducted, and allows those individuals to request a waiver of the prohibition of employment. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause with the provisions of the introduced bill with the following changes. Provides that workforce intermediaries and organizations providing pro bono legal services may initiate a fingerprint-based criminal history record check if a conditional offer of employment has not been made and a background check has not been previously conducted for an individual who has a disqualifying conviction and is receiving services from a workforce, intermediary or an organization providing pro bono legal services. Defines the terms "workforce intermediaries" and "pro bono legal service organizations". Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Assigned to Health Care Licenses Committee

SB 2026**Short Description:** CMS-DHFS-ACA PROTECTIONS**Senate Sponsors**

Sen. Sue Rezin and Mattie Hunter

House Sponsors

(Rep. Joyce Mason)

Synopsis As Introduced

Amends the State Employees Group Insurance Act of 1971. Prohibits the State from applying for any federal waiver that would reduce or eliminate any protection or coverage required under the Patient Protection and Affordable Care Act (ACA) that was in effect on January 1, 2017, including, but not limited to, any protection for persons with pre-existing conditions and coverage for services identified as essential health benefits under the ACA. Provides that the State or an agency of the executive branch may apply for such a waiver only if granted authorization by the General Assembly through joint resolution. Amends the Illinois Insurance Code. Prohibits the State from applying for any federal waiver that would permit an individual or group health insurance plan to reduce or eliminate any protection or coverage required under the ACA that was in effect on January 1, 2017, including, but not limited to, any protection for persons with pre-existing conditions and coverage for services identified as essential health benefits under the ACA. Provides that the State or an agency of the executive branch may apply for such a waiver only if granted authorization by the General Assembly through joint resolution. Amends the Illinois Public Aid Code. Prohibits the State or an agency of the executive branch from applying for any federal Medicaid waiver that would result in more restrictive standards, methodologies, procedures, or other requirements than those that were in effect in Illinois as of January 1, 2017 for the Medical Assistance Program, the Children's Health Insurance Program, or any other medical assistance program in Illinois operating under any existing federal waiver authorized by specified provisions of the Social Security Act. Provides that the State or an agency of the executive branch may apply for such a waiver only if granted authorization by the General Assembly through joint resolution. Effective immediately.

Last Action

Date	Chamber	Action
4/9/2019	House	Referred to Rules Committee

SB 2047**Short Description:** INS CD-AUTO INJECTORS**Senate Sponsors**

Sen. Sue Rezin, Steve Stadelman, Antonio Muñoz-Laura M. Murphy and Napoleon Harris, III

House Sponsors

(Rep. Thomas M. Bennett)

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that a health insurer that provides prescription drug benefits shall offer generic alternatives to brand name epinephrine and insulin auto-injectors, where available. Amends 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. Effective immediately.

Last Action

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Date	Chamber	Action
4/4/2019	House	Referred to Rules Committee

SB 2085

Short Description: INS CD-COLLABORATIVE CARE

Senate Sponsors

Sen. Laura Fine, Julie A. Morrison, Laura Ellman-Laura M. Murphy and Elgie R. Sims, Jr.

House Sponsors

(Rep. Deb Conroy)

Synopsis As Introduced

Amends the Illinois Insurance Code. Requires an individual or group policy of accident and health insurance or managed care organization that provides mental health benefits to provide reimbursement for benefits that are delivered through the psychiatric Collaborative Care Model. Provides that an individual or group policy of accident and health insurance or managed care organization that provides mental health benefits may deny reimbursement of any current procedural terminology code listed on the grounds of medical necessity if medical necessity determinations are in compliance with federal law and related regulations. Makes conforming changes to the Illinois Public Aid Code. Effective immediately.

Senate Floor Amendment No. 1

Replaces the definition of "psychiatric Collaborative Care Model" with language providing that the term means the evidence-based, integrated behavioral health service delivery method, which includes a formal collaborative arrangement among a primary care team consisting of a primary care provider, a care manager, and a psychiatric consultant, and includes, but is not limited to, the following elements: care directed by the primary care team; structured care management; regular assessments of clinical status using validated tools; and modification of treatment as appropriate.

Last Action

Date	Chamber	Action
4/11/2019	House	Referred to Rules Committee

Totals: 102 - (House Bills: 68) (Senate Bills: 34) (Other Bills: 0)