

## **SB 1756**

Amends the Accident and Health Article of the Illinois Insurance Code. Provides that an insurer that provides coverage for prescription insulin drugs pursuant to the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed \$35 (rather than \$100). Provides that on January 1 of each year, the limit on the amount that an insured is required to pay for a 30-day supply of a covered prescription insulin drug may increase to an amount that shall not exceed the maximum cost-sharing amount for covered insulin products of a plan subject to regulation under the Medicare prescription drug benefit program (rather than shall increase by a percentage equal to the percentage change from the preceding year in the medical care component of the Consumer Price Index of the Bureau of Labor Statistics of the United States Department of Labor). Effective immediately.

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## **SB 1913**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services and any managed care plans under contract with the Department for the medical assistance program shall provide for coverage of mental health and substance use disorder treatment or services delivered as behavioral telehealth services; and that the Department and any managed care plans under contract with the Department for the medical assistance program may also provide reimbursement to a behavioral health facility that serves as the originating site at the time a behavioral telehealth service is rendered. Sets forth provisions concerning coverage of mental health and substance use disorder telehealth services. Provides that the Department may adopt rules to implement the provisions.

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## **SB 209 (see companion bill HB 1349)**

Provides background information. Appropriates specified amounts to the Department of Public Health for grants, expenses, and administrative costs of programs relating to acquired

immunodeficiency syndrome and human immunodeficiency virus; the Getting to Zero-Illinois plan to end the HIV epidemic by 2030; the prevention, screening, and treatment services to address sexually transmitted infection cases; and the PrEP4Illinois Program to provide client navigation for pre-exposure prophylaxis services and medication access. Contains other provisions. Effective July 1, 2023.

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## **SB 2328 (see companion bill HB 2388)**

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that, on and after July 1, 2023, all non-controlled FDA-approved prescription medications for the treatment of a serious mental illness shall be covered under the medical assistance program for persons otherwise eligible for medical assistance who are diagnosed with a mental disorder that meets criteria established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and which is the focus of the treatment provided, including, but not limited to, schizophrenia, schizo-affective disorders, bipolar disorders, or major depression. Exempts medications covered under the amendatory Act from any prior authorization or lifetime restriction limit mandate. Provides that, for any covered medication that contains an opioid antagonist, the prescriber shall check the Illinois Prescription Monitoring Program to determine if the patient is being actively prescribed an opioid. Requires a prescriber of any medication covered under the amendatory Act to be a board-certified psychiatrist or a medical professional with prescribing authority that routinely treats patients with a serious mental illness. Effective July 1, 2023.

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## **SB 2362**

Amends the Illinois Insurance Code. Provides that every insurer that amends, delivers, issues, or renews a group or individual policy of accident and health insurance or a qualified health plan offered through the health insurance marketplace in the State and Medicaid managed care organizations providing coverage for hospital or medical treatment on or after January 1, 2024 shall provide coverage for medically necessary treatment of vision, hearing, and dental disorders or conditions. Sets forth provisions concerning availability of plan information,

notification, external review, limitations on benefits for medically necessary services, and medical necessity determinations. Provides that if the Director of Insurance determines that an insurer has violated the provisions, the Director may assess a civil penalty between \$1,000 and \$5,000 for each violation. Sets forth provisions concerning vision, hearing, and dental disorder or condition parity. Makes other changes. Makes conforming changes in the State Employees Group Insurance Act of 1971 and the Medical Assistance Article of the Illinois Public Aid Code. Amends the Criminal Code of 2012. Establishes the offense of criminal violation of health benefit parity.

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## **SB 2584**

Amends the Illinois Health Facilities Planning Act. Provides that the State Board shall require each health care facility to submit an annual report of all capital expenditures (previously in excess of 200,000). Provides that if a hospital reports zero capital expenditures, a section detailing the hospital's total purchasing budget that encompasses all goods and services purchased by the hospital in the preceding fiscal year must still be included in the report.

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## **SB 288**

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 (Affordable Care Act) that was in effect on January 1, 2017, including, but not limited to, any protection for persons with preexisting conditions and coverage for services identified as essential health benefits under the Affordable Care 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. 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 Affordable Care Act that was in effect on January 1, 2017, including, but not limited to, any protection for persons with preexisting conditions and coverage for services identified as essential health benefits under the

Affordable Care 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. 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.

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## **SB 48**

Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision concerning vendor enrollment in the medical assistance program, provides that nothing in the provision shall be construed to require a vendor or provider who exclusively offers telehealth services or any telehealth provider group to maintain a physical address or office in Illinois or have an Illinois mailing address in order to be eligible to enroll as a vendor or provider in the medical assistance program, if the vendor, provider, or telehealth provider group is licensed or authorized to practice in Illinois and has a principal place of business located in the United States.

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## **SB 757**

Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that when conducting a pharmacy audit, an auditing entity shall comply with specified requirements. Provides that an auditing entity conducting a pharmacy audit may have access to a pharmacy's previous audit report only if the report was prepared by that auditing entity. Provides that information collected during a pharmacy audit shall be confidential by law, except that the auditing entity conducting the pharmacy audit may share the information with

the health benefit plan for which a pharmacy audit is being conducted and with any regulatory agencies and law enforcement agencies as required by law. Provides that a pharmacy may not be subject to a chargeback or recoupment for a clerical or recordkeeping error in a required document or record unless the pharmacy benefit manager can provide proof of intent to commit fraud or such error results in actual financial harm to the pharmacy benefit manager, a health plan managed by the pharmacy benefit manager, or a consumer. Provides that a pharmacy shall have the right to file a written appeal of a preliminary and final pharmacy audit report in accordance with the procedures established by the entity conducting the pharmacy audit. Provides that no interest shall accrue for any party during the audit period. Provides that an auditing entity must provide a copy to the plan sponsor of its claims that were included in the audit, and any recouped money shall be returned to the plan sponsor, unless otherwise contractually agreed upon by the plan sponsor and the pharmacy benefit manager. Defines terms.

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## **SB 92**

Amends the Illinois Insurance Code. Provides that the Director of Insurance shall issue rules to establish specific standards which may cover, but shall not be limited to, alignment of an accident and health insurance policy's coverage year and deductible year for the purpose of determining patient out-of-pocket cost-sharing limits.