

HB 2609

Creates the Hospital Price Transparency Act. Provides that, notwithstanding any other provision of law, a facility (a hospital licensed under the Hospital Licensing Act, organized under the University of Illinois Hospital Act, or licensed under the Ambulatory Surgical Treatment Center Act) must make specified information public. Requires facilities to maintain lists of standard charges and shoppable services and ensure that the lists are available at all times to the public. Contains reporting requirements. Requires the Department of Public Health to monitor each facility's compliance with the requirements of the Act and to enforce compliance with the Act. Provides that facilities that violate the Act must submit and implement a corrective action plan. Establishes the Hospital Price Transparency Fund as a special fund in the State treasury and makes a conforming change in the State Finance Act. Requires administrative penalties collected under the Act to be deposited into the Fund. Provides that moneys in the Fund shall be used by the Department for expenses relating to the implementation, administration, and enforcement of the Act. Contains other provisions. Amends the University of Illinois Hospital Act. Requires the University of Illinois Hospital to comply with the Hospital Price Transparency Act. Amends the Hospital Licensing Act. Provides that any report submitted to the Department under the Hospital Price Transparency Act and any information or data contained in such a report is subject to disclosure to the public by the Department. Requires hospitals licensed under the Act to comply with the Hospital Price Transparency Act. Effective January 1, 2024.

HB 2719

Amends the Community Benefits Act. Provides that information made available to the public shall include the number of uninsured patients who have declined or failed to respond to the screening described specified provisions and the 5 most frequent reasons for declining. Amends the Fair Patient Billing Act. Makes a change in provisions concerning legislative findings. Sets forth provisions concerning screening patients for health insurance and financial assistance. In provisions concerning hospitals pursuing collective action, provides that hospitals and their agents may pursue collective action against an uninsured patient only if the hospital has complied with the screening requirements set forth in specified provisions and exhausted any discount available to the patient under specified provisions. Provides that obligations of hospitals under the amendatory Act Defines terms. Amends the Hospital

Uninsured Patient Discount Act. Provides that if a patient declines to apply for a public health insurance program on the basis of concern for immigration-related consequences, the hospital may refer the patient to a free, unbiased resource to address the patient's immigration-related concerns and assist in enrolling the patient in a public health insurance program. Provides that a hospital may still screen the patient for eligibility under its financial assistance policy. Provides that hospitals shall permit an uninsured patient to apply for a discount within 90 days of completion of the screening under specified provisions or denial of an application for a public health insurance program.

HB 2814

Amends the Illinois Insurance Code. Provides that a health benefit plan amended, delivered, issued, or renewed on or after January 1, 2023 that provides prescription drug coverage or its contracted pharmacy benefit manager shall not engage in or require an enrollee to engage in specified prohibited acts. Provides that a clinician-administered drug supplied shall meet the supply chain security controls and chain of distribution set by the federal Drug Supply Chain Security Act. Provides that the Department of Insurance may adopt rules as necessary to implement the provisions. Defines terms. 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, and the Voluntary Health Services Plans Act.

HB 3030

Amends the Illinois Insurance Code. In provisions concerning billing for services provided by nonparticipating providers or facilities, provides that if attempts to negotiate reimbursement for services provided by a nonparticipating provider do not result in a resolution of the payment dispute within 30 days after receipt of written explanation of benefits by the health insurance issuer, then the health insurance issuer, nonparticipating provider, or the facility may initiate binding arbitration to determine payment for services provided on a per-bill or a batched-bill basis (instead of only a per-bill basis).

HB 3256

Creates the Affordable Drug Manufacturing Act. Provides that the Department of Public Health shall enter into partnerships to increase competition, lower prices, and address shortages in the market for generic prescription drugs, to reduce the cost of prescription drugs for public and private purchasers, taxpayers, and consumers, and to increase patient access to affordable drugs. Requires the partnerships to result in the production or distribution of generic prescription drugs with the intent that these drugs be made widely available to public and private purchasers, providers and suppliers, and pharmacies. Provides that the Department shall comply with specified requirements when entering into partnerships or setting prices for generic prescription drugs. Requires the Department to submit separate reports to the General Assembly that (1) assess the feasibility of directly manufacturing generic prescription drugs and selling generic prescription drugs at a fair price; and (2) describe the status of all drugs targeted under the Act and analyze how the activities of the Department may impact competition, access to targeted drugs, the costs of those drugs, and the costs of generic prescription drugs to public and private purchasers. Contains other provisions. Amends the Freedom of Information Act to exempt certain information disclosed under the Affordable Drug Manufacturing Act from inspection and copying under the Act. Contains a severability provision. Effective July 1, 2023.

HB 3310

Creates the Canadian Prescription Drug Importation Act. Provides that the Department of Public Health shall establish the Canadian Prescription Drug Importation Program for the importation of safe and effective prescription drugs from Canada which have the highest potential for cost savings to the State. Provides that the Department shall contract with a vendor to provide services under the program. Provides that on or before December 1, 2023, and each year thereafter, the vendor shall develop a wholesale prescription drug importation list identifying the prescription drugs that have the highest potential for cost savings to the State. Provides that the vendor shall identify Canadian suppliers that are in full compliance with the provisions of the Act and contract with the Canadian suppliers to import drugs under the program. Provides for: a bond requirement; requirements for eligible prescription drugs;

requirements for eligible Canadian suppliers; requirements for eligible importers; distribution requirements; federal approval; prescription drug supply chain documentation; immediate suspension of specified imported drug; requirements of an annual report; notification of federal approval. Provides that the Department shall adopt rules necessary to implement the Act. Effective immediately.

HB 3490

Creates the Canadian Prescription Drug Importation Act. Provides that the Department of Public Health shall establish the Canadian prescription drug importation program for the importation of safe and effective prescription drugs from Canada which have the highest potential for cost savings to the State. Provides that the Department shall contract with a vendor to provide services under the program. Provides that by December 1, 2023, and each year thereafter, the vendor shall develop a wholesale prescription drug importation list identifying the prescription drugs that have the highest potential for cost savings to the State. Provides that the vendor shall identify Canadian suppliers that are in full compliance with the provisions of the Act and contract with the Canadian suppliers to import drugs under the program. Provides for: a bond requirement; requirements for eligible prescription drugs; requirements for eligible Canadian suppliers; requirements for eligible importers; distribution requirements; federal approval; prescription drug supply chain documentation; immediate suspension of specified imported drug; requirements of an annual report; notification of federal approval. Provides that the Department shall adopt rules necessary to implement the Act.

HB 3631

Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager shall not prohibit a pharmacist or pharmacy from, or indirectly punish a pharmacist or pharmacy for, making any written or oral statement or otherwise disclosing information to any federal, State, county, or municipal official, including the Director of Insurance or law enforcement, or before any State, county, or municipal

committee, body, or proceeding under specified circumstances. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022).

HB 3761

Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager may not prohibit a pharmacy or pharmacist from selling a more affordable alternative to the covered person if a more affordable alternative is available. Provides that a pharmacy benefit manager shall not reimburse a pharmacy or pharmacist in this State an amount less than the amount that the pharmacy benefit manager reimburses a pharmacy benefit manager affiliate for providing the same pharmaceutical product. Provides that a pharmacy benefit manager is prohibited from conducting spread pricing in the State. Sets forth provisions concerning pharmacy network participation, fiduciary responsibility, and pharmacy benefit manager transparency. Provides that a pharmacy benefit manager shall report to the Director on a quarterly basis and that the report is confidential and not subject to disclosure under the Freedom of Information Act. Provides that the provisions apply to contracts entered into or renewed on or after July 1, 2023 (rather than July 1, 2022). Defines terms. Amends the Network Adequacy and Transparency Act. Sets forth provisions concerning pharmacy benefit manager network adequacy. Makes other changes.

HB 3787

Amends the Pharmacy Benefit Managers Article of the Illinois Insurance Code. Provides that a pharmacy benefit manager shall not: steer a beneficiary; order a covered individual to fill a prescription or receive pharmacy care services from an affiliated pharmacy; reimburse a pharmacy or pharmacist for a pharmaceutical product or pharmacist service in an amount less than the amount that the pharmacy benefit manager reimburses itself or an affiliate for providing the same product or services; offer or implement plan designs that require patients to use an affiliated pharmacy; or advertise, market, or promote a pharmacy by an affiliate to patients or prospective patients. Defines terms.