

HB 3788

Amends the Community Benefits Act. Provides that a hospital shall make the annual hospital community benefits plan report submitted to the Attorney General available to the public by publishing the information on the hospital's website. Provides that information made available to the public shall include specified items. Effective January 1, 2024.

HB 3855

Creates the Illinois Medicare for All Health Care Act. Provides that all individuals residing in the State are covered under the Illinois Health Services Program for health insurance. Sets forth the health coverage benefits that participants are entitled to under the Program. Sets forth the qualification requirements for participating health providers. Sets forth standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the Program. Provides that investor-ownership of health delivery facilities is unlawful. Provides that the State shall establish the Illinois Health Services Trust to provide financing for the Program. Sets forth the requirements for claims billing under the Program. Provides that the Program shall include funding for long-term care services and mental health services. Provides that the Program shall establish a single prescription drug formulary and list of approved durable medical goods and supplies. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis. Sets forth provisions concerning patients' rights. Provides that the employees of the Program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. Effective January 1, 2024.

HB 3972

Amends the Illinois Procurement Code. Provides that the Department of Central Management Services, in consultation with the Chief Procurement Officer, shall implement and develop a

program to establish a State prescription generic drug label for the purpose of increasing competition in the generic drug market and lowering generic drug prices for all purchasers. Provides the label shall include a list of the 100 most commonly prescribed drugs. Provides that the Department shall contract with

HB 4

Creates the Universal Child Care Demonstration Program Act. Requires the Department of Human Services to establish and administer a 5-year statewide Universal Child Care Demonstration Program to provide grants to eligible entities to develop, expand, and provide high-quality and affordable child care services for children age 0 to 6 years old regardless of family income. Provides that grants awarded under the Demonstration Program may be used to renovate or convert existing child care facilities to meet the goals of the Demonstration Program; to construct and maintain child care facilities in geographical areas with a demonstrated need for safe, affordable, and high-quality child care services; to train and pay child care providers, teachers, and staff; and to provide meal services to children receiving child care services. Provides that the ultimate goal of the Demonstration Program shall be to develop and evaluate the costs, impact, and quality outcomes of child care services and programs in order to establish an effective expansion toward universal child care services for children from birth to 6 years of age. Contains provisions concerning eligible entities, funding, reporting requirements, defined terms, and Department rules.

HB 4055

Amends the Prior Authorization Reform Act. Changes the definition of “emergency services” to provide that for the purposes of the provisions, emergency services are not required to be provided in the emergency department of a hospital. Provides that notwithstanding any other provision of law, a health insurance issuer or a contracted utilization review organization may not require prior authorization or approval by the health plan for emergency services.

HB 4079

Amends the Workers' Compensation Act. Provides that the Illinois Workers' Compensation Commission shall establish new medical fee schedules applicable on and after September 1, 2024 in accordance with specified criteria. Makes existing medical fee schedules inoperative after August 31, 2024. Provides that a provider may prescribe a one-time 7-day supply unless a prescription for more than 7 days is preauthorized by the employer. Provides for non-hospital fee schedules and hospital fee schedules applicable to different geographic areas of the State. Sets forth a procedure for petitioning the Commission if a maximum fee causes a significant limitation on access to quality health care in either a specific field of health care services or a specific geographic limitation on access to health care. Provides that by September 1, 2023, the Commission, in consultation with the Workers' Compensation Medical Fee Advisory Board, shall adopt by rule an evidence-based drug formulary and any rules necessary for its administration. Provides that prescriptions prescribed for workers' compensation cases shall be limited to the prescription drugs and doses on the closed formulary. Provides that a custom compound medication for longer than the one-time 7-day supply shall be approved for payment only if the compound meets specified standards. Provides for charges for custom compound medications. Effective immediately.

HB 4087

Amends the Workers' Compensation Act. Provides that the Illinois Workers' Compensation Commission, upon consultation with the Workers' Compensation Medical Fee Advisory Board, shall adopt an evidence-based drug formulary. Requires prescriptions in workers' compensation cases to be limited to the drugs on the formulary. Provides that by September 1, 2023, the Commission, in consultation with the Workers' Compensation Medical Fee Advisory Board, shall adopt by rule an evidence-based drug formulary and any rules necessary for its administration. Provides that prescriptions prescribed for workers' compensation cases shall be limited to the prescription drugs and doses on the closed formulary. Provides that a custom compound medication for longer than the one-time 7-day supply shall be approved for payment only if the compound meets specified standards. Provides for charges for custom compound medications. Effective immediately.

HB 4113

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.

HB 4126

Amends the Illinois Insurance Code. Adds provisions concerning market analysis and market conduct actions. Makes changes to provisions concerning market conduct and non-financial examinations, examination reports, insurance compliance self-evaluative privilege, confidentiality, fees and charges, examination, and fiduciary and bonding requirements. Amends the Network Adequacy and Transparency Act. Adds definitions. Establishes minimum ratios of providers to beneficiaries for network plans issued, delivered, amended, or renewed during 2024. Makes changes to provisions concerning network adequacy, notice of nonrenewal or termination, transition of services, network transparency, administration and enforcement, and provider requirements. Amends the Managed Care Reform and Patient Rights Act. Makes changes to provisions concerning notice of nonrenewal or termination and transition of services. Amends the Illinois Administrative Procedure Act to authorize the Department of Insurance to adopt emergency rules implementing federal standards for provider ratios, time and distance, or appointment wait times when such standards apply to health insurance coverage regulated by the Department of Insurance and are more stringent than the State standards extant at the time the final federal standards are published. Effective immediately.

HB 579

Amends the Department of Insurance Law. Sets forth provisions concerning the Marketplace Director of the Illinois Health Benefits Exchange. Amends the Illinois Procurement Code. Sets forth provisions concerning an exemption regarding any procurements necessary for the Department of Insurance to implement the Illinois Health Benefits Exchange Law. Amends the Illinois Health Benefits Exchange Law. Provides that the Department of Insurance shall operate the Illinois Health Benefits Exchange as a State-based exchange using the federal platform by plan year 2025 and as a State-based exchange by plan year 2026. Provides that, except where inconsistent with State law, the Department shall enforce health plan coverage requirements under the federal Patient Protection and Affordable Care Act that apply to the individual and small group markets. Provides that the Director of Insurance may elect to add a small business health options program to the Illinois Health Benefits Exchange. Provides that the General Assembly shall appropriate funds to establish the Illinois Health Benefits Exchange. Provides that issuers must remit an assessment in monthly installments to the Department. Sets forth provisions concerning State medical assistance program coordination and provisions concerning the authority of the Department of Insurance and the Department of Healthcare and Family Services. Creates the Illinois Health Benefits Exchange Fund. Sets forth provisions creating the Illinois Health Benefits Exchange Advisory Committee. Makes a conforming change in the State Finance Act. Effective immediately.