



Weekly Legislative Report

ILLINOIS RADIOLOGICAL SOCIETY

By: Jessica Nardulli & Tom Ryder

March 20, 2017

This week only the House will be in session, working on bills in committee before their March 31st deadline to move bills out of committee.

Wednesday marks the halfway point of the spring session with little to no agreement on the "Grand Bargain" budget plan negotiated in the Senate. Meanwhile, the backlog of unpaid bills remains at \$12.5 billion with no relief in sight. The four leaders have not met together with the governor since December.

The House Appropriations-Human Services Committee held a hearing last week to discuss the potential impact on the State of Illinois of the federal Affordable Care Act (ACA) repeal and other healthcare law changes. Chairman Greg Harris stated the expected changes will have a profound impact on Illinois, and not just on the State's Medicaid program. In Illinois, it is estimated we stand to lose \$40 billion dollars in federal funds to support our Medicaid program which would cut or reduce healthcare for 1 in 4 Illinoisans, and almost half our children.

Our update highlights in yellow new legislation and new amendments to bills of interest to IRS members.

ILLINOIS RADIOLOGICAL SOCIETY

[HB 283 ULTRASOUND OPPORTUNITY ACT](#) Sponsor Rep. B. Wheeler

Committee Hearing: Human Services Committee Hearing Mar 22 2017
8:00AM Capitol Building Room 114 Springfield, IL

Synopsis As Introduced

Creates the Ultrasound Opportunity Act. Sets forth legislative findings and definitions. Provides that at any facility where abortions are performed, the physician who is to perform the abortion, the referring physician, or another qualified person working in conjunction with either physician shall offer any woman seeking an abortion after 8 weeks of gestation an opportunity to receive and view an active ultrasound of her unborn child by someone qualified to perform ultrasounds at the facility, or at a facility listed in a listing of local ultrasound providers provided by the facility, prior to the woman having any part of an abortion performed or induced and prior to the administration of any anesthesia or medication in preparation for the abortion. Provides that the requirements of the Act shall not apply when, in the medical judgment of the physician performing or inducing the abortion, there exists a medical emergency. Contains a severability provision. Effective immediately.

Last Action

Date	Chamber	Action
2/8/2017	House	To Informed Consent Subcommittee

[HB 311 NETWORK ADEQUACY TRANSPARENCY](#) Sponsor Rep. Harris

****This is an ISMS initiative; passed unanimously out of the House Insurance Committee**

Synopsis As Introduced

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

House Committee Amendment No. 1

KEY

LEGISLATION

- HB 311 (G. Harris - D)
Network Adequacy
Transparency
- HB 3134 (Yingling – D)
Radiologic Advisory Bd -
Abolish
- SB 12 (Radogno – R)
Workers' Compensation
Reform
- SB 70 (Holmes - D)
Network Adequacy
Transparency
- SB 1478 (Althoff – R)
Radiologic Advisory Bd -
Abolish

Replaces everything after the enacting clause. Reinserts the introduced bill with the following changes: Removes the definition of "administrator". Includes in the definition of "insurer" workers compensation insurance and pharmacy benefit managers. Defines "telehealth" and "telemedicine". Removes references to "administrators" throughout the Act. Removes provisions requiring an insurer providing a network plan to file the following information with the Director of Insurance: the method of the marketing plan and certain written policies and procedures. Provides that insurers shall provide the Director a description of how the use of telemedicine, telehealth, or mobile care services may be used to partially meet the network adequacy standards (rather than a description of each network hospital of the percentage of physicians in certain specialties who practice in the hospital are in the insurer's network). Provides that the Department shall consider establishing ratios for certain physicians or other providers (rather than requiring ratios at a minimum to include certain physicians or other providers). Provides that maximum travel and distance standards for network plan beneficiaries established annually by the Department shall be done in consultation with the Department of Public Health. Removes the requirement that the network plan must demonstrate, prior to approval, that it has contracted with physicians who specialize in certain areas in sufficient numbers at any in-network facility or in-network hospital so patients have reasonable access to the in-network physicians. Provides that the network plan shall demonstrate sufficient inpatient services. Provides that the network plan may consider use of other health care service delivery options. Provides that the Director may (rather than shall) conduct periodic (rather than semi-annual) audits of the accuracy of provider directories. Removes language granting the Director specific authority to issue a cease and desist order against, fine, or otherwise penalize any insurer for violations of any provision of the Act. Makes other changes.

Last Action

Date	Chamber	Action
3/15/2017	House	Placed on Calendar 2nd Reading - Short Debate

HB 404 PUB AID-UNDOCUMENTED IMMIGRANT

Sponsor Rep. David B. Reis

Committee Hearing: Human Services Committee Hearing Mar 22 2017 8:00AM Capitol Building Room 114 Springfield, IL

Synopsis As Introduced

Amends the Illinois Public Aid Code. Provides that subject to federal approval, no person who is an undocumented immigrant shall qualify for any benefits or assistance provided under the Code, including, but not limited to, any benefits or assistance provided under the federal Supplemental Nutrition Assistance Program, the Child Care Assistance Program, the Children's Health Insurance Program, the Covering ALL KIDS Health Insurance program, the Temporary Assistance for Needy Families program, and the medical assistance program. Effective immediately.

Last Action

Date	Chamber	Action
2/8/2017	House	To Public Benefits Subcommittee

HB 426 IMMIGRATION SAFE ZONES

Sponsor Rep. Emanuel Chris Welch

Synopsis As Introduced

Creates the Immigration Safe Zones Act. Provides that schools, medical treatment and health care facilities, and places of worship may not grant access to State and local law enforcement agencies that have entered into an agreement with United States Immigration and Customs Enforcement or undertake other joint efforts with federal, State, or local law enforcement agencies to investigate, detain, or arrest individuals for violation of federal immigration law, unless a court has issued a warrant and appropriate personnel have reviewed that warrant and have consented to access or unless required by law and appropriate personnel have consented. Prohibits employees of elementary and secondary schools and institutions of higher education from asking about a

student's immigration status or that of the student's family members, with exceptions. Requires the Department of Human Services to provide training or make training available to teachers, administrators, and other staff of elementary and secondary schools, as well as to medical treatment and health care facilities, on how to deal with immigration issues and how to notify families of those issues in multiple languages. Requires appropriate personnel of a facility to develop a plan to provide assistance, information, and safety to persons who are concerned about the government's immigration enforcement efforts. Provides for the removal of certain file information by State agencies, public schools, and public institutions of higher education. Contains a severability clause. Effective immediately.

Last Action

Date	Chamber	Action
2/8/2017	House	Placed on Calendar 2nd Reading - Short Debate

HB 693 INS CD-COPAYMENTS

Sponsor Rep. Robert Martwick

Committee Hearing: Insurance: Health & Life Committee Hearing Mar 14 2017 1:30PM Stratton Building Room D-1 Springfield, IL

Synopsis As Introduced

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

Last Action

Date	Chamber	Action
2/8/2017	House	Assigned to Insurance: Health & Life Committee

HB 704 MEDICAID SMART CARD

Sponsor Rep. Patricia R. Bellock

Committee Hearing: Human Services Committee Hearing Mar 22 2017 8:00AM Capitol Building Room 114 Springfield, IL

Synopsis As Introduced

Creates the Medicaid Smart Card Pilot Program Act. Requires the Director of the Department of Healthcare and Family Services to establish a Medicaid Smart Card Pilot Program to reduce the total amount of expenditures under the State's Medical Assistance Program. Provides that the pilot program shall be designed to reduce the average monthly cost under the State's Medical Assistance Program for recipients within the pilot program area by an amount that is at least sufficient to recover the cost of implementing the pilot program. Provides that the Director shall determine the geographic area to be included in the pilot program and may contract with an independent entity for the purpose of developing and implementing the pilot program. Contains provisions on required activities under the pilot program, including the distribution of Medicaid Smart Cards to designated recipients; measures the Department might take to implement the pilot program; annual evaluations; reporting requirements; extension or expansion of the pilot program; the confidentiality of health information; reports to the Inspector General; and rulemaking authority.

Last Action

Date	Chamber	Action
2/23/2017	House	To Public Benefits Subcommittee

HB 1796 [HEALTH INSURANCE ASSESSMENT](#)**Sponsor** Rep. Gregory Harris**Synopsis As Introduced**

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

Last Action

Date	Chamber	Action
3/9/2017	House	To Medicaid Subcommittee

HB 2408 [PROFESSION REGULATION-VARIOUS](#)**Sponsor** Rep. Davidsmeyer; Sen. Connelly**Synopsis As Introduced**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Defines "applicant", "email address of record", "license", and "licensee". Provides that the Department of Financial and Professional Regulation shall require all applicants and licensees to provide a valid address and email address, which shall serve as the address and email address of record, and to inform the Department of any change of address or email address through specified means. Provides that the Department shall provide notice of a suspension to the licensee by mailing a copy of the Department's order to the licensee's address of record or emailing a copy of the order to the licensee's email address of record (rather than mailing a copy of the order by certified and regular mail to the licensee's last known address as registered with the Department). Changes references of "registrant" to "licensee or applicant" and references of "certificate" to "license" throughout the Law. Provides that if a licensed health care worker has been convicted of a criminal battery against any patient in the course of patient care or treatment or is required to register as a sex offender and the health care worker has had his or her license revoked for a forcible felony conviction, the health care worker may not petition the Department to restore his or her license. Provides that an applicant or licensee may request to the Department that his or her permanent denial or revocation be classified as confidential. Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
3/17/2017	Senate	Referred to Assignments

HB 2436 [MEDICARE FOR ALL HEALTH CARE](#)**Sponsor** Rep. Mary E. Flowers**Synopsis As Introduced**

Creates the Illinois Medicare for All Health Care Act. Provides that all individuals residing in the State are covered under the Illinois Health Services Program for health insurance. Sets forth the health coverage benefits that participants are entitled to under the Program. Sets forth the qualification requirements for participating health providers. Sets forth standards for provider reimbursement. Provides that it is unlawful for private health insurers to sell health insurance coverage that duplicates the coverage of the Program. Provides that investor-ownership of health delivery facilities is unlawful. Provides that the State shall establish the Illinois Health Services Trust to provide financing for the Program. Sets forth the requirements for claims billing under the Program. Provides that the Program shall include funding for long-term care services and mental health services. Provides that the Program shall establish a single prescription drug formulary and list of approved durable medical goods and supplies. Creates the Pharmaceutical and Durable Medical Goods Committee to negotiate the prices of pharmaceuticals and durable medical goods with suppliers or manufacturers on an open bid competitive basis.



Sets forth provisions concerning patients' rights. Provides that the employees of the Program shall be compensated in accordance with the current pay scale for State employees and as deemed professionally appropriate by the General Assembly. Effective January 1, 2018.

Last Action

Date	Chamber	Action
2/22/2017	House	Assigned to Health Care Availability & Accessibility Committee

[HB 2506](#) [HEALTH MAINTENANCE BD-ABOLISH](#)

Sponsor Rep. Laura Fine

Synopsis As Introduced

Amends the Health Maintenance Organization Act. Abolishes the Health Maintenance Advisory Board and makes a corresponding change. Effective immediately.

Last Action

Date	Chamber	Action
3/16/2017	Senate	Placed on Calendar Order of First Reading March 28, 2017

[HB 2600](#) [PROMPT PAYMENT-LATE PAYMENT](#)

Sponsor Rep. David Harris

Synopsis As Introduced

Amends the State Prompt Payment Act. Provides that after the effective date of the amendatory Act, if for any bill approved for payment under the Act and pursuant to a health benefit plan under the State Employees Group Insurance Act of 1971 or submitted under Article V of the Illinois Public Aid Code, except a bill for pharmacy or nursing facility services or goods, payment is not issued to the payee in a timely manner under the Section, an interest penalty of 8% per year of any amount approved and unpaid shall apply, applied pro rata for the amount of time the bill remains unpaid. Amends the Illinois Insurance Code. In provisions concerning timely payment for health care services, provides that the interest to be charged on late payments of periodic payments, payments by independent practice associations and physician-hospital organizations, and payments by health insurers, health maintenance organizations, managed care plans, health care plans, preferred provider organizations, and third party administrators shall be 8% per year. Amends the State Employees Group Insurance Act of 1971. Provides that the program of health benefits offered under the Act is subject to certain provisions of the Illinois Insurance Code concerning late payments and assignability except as otherwise provided. Effective January 1, 2018.

Last Action

Date	Chamber	Action
2/22/2017	House	Assigned to Executive Committee

[HB 2649](#) [SAFETY-NET HOSP-LOAN PROGRAM](#)

Sponsor Rep. Sonya M. Harper

Synopsis As Introduced

Amends the State Finance Act. Creates the Safety-Net Hospital Service Loan Forgiveness Program Fund. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to establish the Safety-Net Hospital Service Loan Forgiveness Program to make loan repayment disbursements to physicians and medical residents, as defined, who agree to practice in a Safety-Net Hospital. Requires physicians and medical residents who are selected to participate in the Program to agree, by contract, to serve a minimum 3-year full-time service obligation. Requires the Department to make annual disbursements directly to the selected physician or medical resident equivalent to 35% of the average educational debt for indebted graduates in his or her

profession not to exceed the balance of the physician or medical resident's qualifying educational loans. Provides that before receiving loan repayment disbursements and as requested, the physician or medical resident must complete a confirmation of practice form verifying that he or she is practicing as required under the Program. Provides that if a physician or medical resident fails to fulfill the required minimum commitment of service, the Department shall collect the total amount paid to the physician or medical resident under the Program plus interest and shall deposit such moneys into the Safety-Net Hospital Service Loan Forgiveness Program Fund. Requires the Department to adopt any rules necessary to implement the Program.

Last Action

Date	Chamber	Action
2/22/2017	House	Assigned to Appropriations-Human Services Committee

HB 3134 [RADIOLOGIC ADVISORY BD-ABOLISH](#)

Sponsor Rep. Sam Yingling

Committee Hearing: Health Care Licenses Committee Hearing Mar 22 2017 10:00AM Capitol Building Room 122B Springfield, IL

Synopsis As Introduced

Amends the Radiation Protection Act of 1990. Abolishes the Radiologic Technologist Accreditation Advisory Board.

Last Action

Date	Chamber	Action
2/22/2017	House	Assigned to Health Care Licenses Committee

HB 3380 [DHFS-MCO ENROLLMENT-ALGORITHM](#)

Sponsor Rep. Sara Feigenholtz

Committee Hearing:

Human Services Committee Hearing Mar 22 2017 8:00AM Capitol Building Room 114 Springfield, IL
 HS Medicaid Subcommittee Hearing Mar 22 2017 8:00AM Capitol Building Room 114 Springfield, IL

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall, within a reasonable period of time, develop and implement within each enrollment region an algorithm that preserves existing provider-beneficiary relationships and that takes into account previous relationships with managed care entities in order to automatically assign Medicaid enrollees served under the Family Health Plan and the Integrated Care Program and those Medicaid enrollees eligible for medical assistance pursuant to the Patient Protection and Affordable Care Act into managed care entities, including accountable care entities, managed care community networks, and managed care organizations. Provides that the algorithm shall not use the quality and proficiency metrics to reassign enrollees out of any plan in which they are enrolled at the time and shall only be used if the client has not voluntarily selected a primary care physician and a managed care entity or care coordination entity. Provides that clients shall have one opportunity within 90 calendar days after auto-assignment by algorithm to select a different managed care entity. Requires the Department to seek input from stakeholders, including, but not limited to, Medicaid health plans and consumer advocacy organizations, prior to changing the automatic assignment algorithm. Requires the Department to publish the automatic assignment algorithm's components and on a quarterly basis publish auto-assignment enrollment numbers as well as the corresponding logic for those enrollment numbers.

Last Action

Date	Chamber	Action
3/8/2017	House	To Medicaid Subcommittee

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from December 31, 2017 to December 31, 2027. Amends the Medical Practice Act of 1987. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of any change of address or email address through specified means. Defines "email address of record". In provisions concerning grounds for discipline, provides that the Department of Financial and Professional Regulation may take action with regard to a person licensed under the Act for: willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act; and being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act. In provisions authorizing the Secretary of Financial and Professional Regulation to appoint a hearing officer, provides that the hearing officer's findings and recommendations shall also be provided to the Medical Licensing Board along with the Medical Disciplinary Board so both Boards may review the information and present their findings to the Secretary. Makes changes in provisions concerning stenographers. Changes references to "stenographer" to references to "certified shorthand reporter". Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
2/22/2017	House	Assigned to Executive Committee

Committee Hearing:

Health Care Licenses Committee Hearing Mar 22 2017 10:00AM Capitol Building Room 122B Springfield, IL

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal date of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Eliminates the position of Assistant Nursing Coordinator. Eliminates the Advanced Practice Nursing Board. Provides that the Department of Financial and Professional Regulation may provide notice to a licensee or applicant by certified or registered mail to the address of record or by email to the email address of record. Provides provisions for change of address of record and email address of record, application for license, confidentiality of any information collected by the Department in the course of an examination or investigation of a license or applicant, and disposition by a consent order. Changes references to "advanced practice nurse" to references to "advanced practice registered nurse" throughout the Act and other Acts. Changes references to "Illinois Center for Nursing" to references to "Illinois Nursing Workforce Center". Makes changes concerning definitions, application of the Act, unlicensed practice, prohibited acts, Department powers and duties, nursing delegation, qualifications for LPN, RN, and APRN licensure, RN education program requirements, grounds for disciplinary action, intoxication and drug abuse, the Nursing Dedicated and Professional Fund, investigations, notices, hearings, use of stenographers and transcripts, review under the Administrative Review Law, certification of records, the Center for Nursing Advisory Board, and medication aide licensure requirements. Removes provisions concerning registered nurse externship permits, rosters, liability of the State, hearing officers, and orders for rehearings. Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
2/22/2017	House	Assigned to Health Care Licenses Committee

HB 3886 [\\$DPH-BREAST & CERVICAL CANCER](#)

Sponsor Rep. Gregory Harris

Synopsis As Introduced

Appropriates \$11,000,000 from the General Revenue Fund to the Department of Public Health for its Breast and Cervical Cancer Program. Effective July 1, 2017.

Last Action

Date	Chamber	Action
3/1/2017	House	Assigned to Appropriations-Human Services Committee

SB 4 [GO RESTRUCTURING BONDS](#)

Sponsor Sen. Donne E. Trotter

Synopsis As Introduced

Amends the General Obligation Bond Act. Authorizes the issuance of an additional \$7,000,000,000 in State General Obligation Restructuring Bonds. Provides that the proceeds from that bond sale shall be used for the purpose of paying vouchers incurred by the State prior to July 1, 2017. Effective immediately, but this Act does not take effect at all unless Senate Bills 1, 2, 3, 5, 6, 7, 8, 9, 10, 11, 12, and 13 of the 100th General Assembly become law.

Last Action

Date	Chamber	Action
1/24/2017	Senate	Placed on Calendar Order of 3rd Reading January 25, 2017

SB 9 [REVENUE-VARIOUS](#)

Sponsor Sen. Toi W. Hutchinson

Synopsis As Introduced

Creates the Sugar-Sweetened Beverage Tax Act. Imposes a tax on distributors of bottled sugar-sweetened beverages, syrups, or powders at the rate of \$0.01 per ounce of bottled sugar-sweetened beverages sold or offered for sale to a retailer for sale in the State to a consumer. Requires those distributors to obtain permits. Provides that 2% of the moneys shall be deposited into the Tax Compliance and Administration Fund for the administrative costs of the Department of Revenue, and 98% of the moneys shall be deposited into the General Revenue Fund. Amends the Illinois Income Tax Act. Makes changes concerning the rate of tax. Extends the research and development credit for tax years ending prior to January 1, 2027. Creates an addition modification in an amount equal to the deduction for qualified domestic production activities allowed under Section 199 of the Internal Revenue Code. Makes changes concerning the definition of "unitary business group". Makes changes concerning estimated taxes. Amends the Film Production Services Tax Credit Act of 2008. Provides that no taxpayer may take a credit awarded under the Act for tax years beginning on or after January 1, 2027. Amends the Business Corporation Act of 1983. Makes changes concerning penalties and reports. Amends the Limited Liability Company Act. Makes changes concerning the fee for filing articles of organization. Effective immediately, but this Act does not take effect at all unless Senate Bills 1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12, and 13 of the 100th General Assembly become law.

Last Action

Date	Chamber	Action
1/24/2017	Senate	Placed on Calendar Order of 3rd Reading January 25, 2017

Synopsis As Introduced

Amends the Freedom of Information Act. Exempts from public inspection certain information collected by the Illinois Workers' Compensation Commission from self-insureds and papers, documents, reports, or evidence relevant to a workers' compensation fraud investigation conducted by the Department of Insurance. Amends the Criminal Code of 2012 regarding workers' compensation fraud penalties. Amends the Workers' Compensation Act. Makes changes concerning: accidental injuries considered to be "arising out of and in the course of the employment" if an employee is required to travel away from the employer's premises; the maximum compensation rate for a period of temporary total incapacity; wage differential benefits to professional athletes; limitations on the number of chiropractic, occupational therapy, or physical therapy visits an injured worker may receive for injuries; compensation awards for injuries to the shoulder and hip; the maximum allowable payment for certain service categories; the assignment and reassignment of arbitrators to hearing sites; the creation of an evidence based drug formulary; the duties of the Workers' Compensation Edit, Alignment, and Reform Commission; additional compensation awards where there has been a vexatious delay in the authorization of medical treatment or the payment or intentional underpayment of compensation; annual reports on the state of self-insurance for workers' compensation in Illinois; and other matters. Effective immediately, but this Act does not take effect at all unless Senate Bills 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, and 13 of the 100th General Assembly become law.

Last Action

Date	Chamber	Action
1/24/2017	Senate	Placed on Calendar Order of 3rd Reading January 25, 2017

****This is an ISMS initiative; ISMS will pursue the House version of this bill**

Synopsis As Introduced

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

Last Action

Date	Chamber	Action
1/24/2017	Senate	Assigned to Insurance

Synopsis As Introduced

Amends the Illinois Underground Utility Facilities Damage Prevention Act. Makes a technical change in a

Section concerning the short title.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that no person shall be prohibited from receiving a license because he or she is not a citizen of the United States. Provides that the Department of Financial and Professional Regulation may grant a license to a person who meets certain requirements along with the requirements of the applicable professional Act. Provides that the Department may adopt any rules necessary to implement the provisions. Amends the Pharmacy Practice Act. Removes the requirement that each individual seeking licensure as a registered pharmacist provide evidence to the Department that he or she is a United States citizen or legally admitted alien.

Last Action

Date	Chamber	Action
3/16/2017	Senate	Placed on Calendar Order of 2nd Reading March 28, 2017

[SB 583](#) [FINANCE-FEDERAL CONT APPROP](#)

Sponsor Sen. David Koehler

Synopsis As Introduced

Amends the State Finance Act. Creates an irrevocable and continuing appropriation for the distribution of any federal funds received by the State for the purposes authorized by the federal government for those funds. Provides that federal funds shall be disbursed in accordance with any requirements imposed by the federal government and that nothing in the provisions shall be construed in such a way so as to avoid any requirements imposed by the federal government in disbursing funds to the State. Authorizes the State Treasurer and State Comptroller to make distributions of federal funds as provided. Effective immediately.

Last Action

Date	Chamber	Action
2/8/2017	Senate	Assigned to Appropriations II

[SB 589](#) [EXPANDED FUNCTION DENTAL ASST](#)

Sponsor Sen. Neil Anderson

Synopsis As Introduced

Amends the Illinois Dental Practice Act. Allows a dental assistant, after being authorized by a dentist, to remove loose, broken, or irritating orthodontic appliances on a patient of record for the purpose of eliminating pain or discomfort. Provides that dental assistants who have undergone certain training may hold themselves out as expanded function dental assistants. Sets forth the training requirements for expanded function dental assistants and the services that may be provided. Provides that any procedure completed by an expanded function dental assistant must be approved by the supervising dentist and examined prior to dismissal of the patient. Sets forth certain limits on expanded function dental assistants.

Senate Committee Amendment No. 1

In provisions concerning expanded functions of dental assistants, adds that the supervising dentist shall be responsible for all dental services or procedures performed by the dental assistant.

Senate Committee Amendment No. 2

In provisions concerning expanded functions of dental assistants, requires the training for expanded function dental assistants to include basic life support certification. Proof of certification shall be kept on file with the supervising dentist.

Last Action

Date	Chamber	Action
3/14/2017	Senate	Placed on Calendar Order of 3rd Reading March 15, 2017

SB 625 NURSE PRACTICE ACT-VARIOUS

Sponsor Sen. Iris Y. Martinez

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Defines "focused assessment", "full practice authority", "oversight", and "postgraduate advanced practice nurse". Changes references of "advanced practice nurse" and "APN" to "advanced practice registered nurse" and "APRN" throughout the Act. Replaces provisions regarding nursing delegation with provisions that prohibit specified actions. Provides other guidelines for delegation of nursing activities and medication administration. Makes changes to education program requirements, qualifications for licensure, the scope of practice, and continuing education for LPN and RN licensees. Provides that a written collaborative agreement is required for all postgraduate advanced practice registered nurses until specific requirements have been met. Provides that postgraduate advanced practice registered nurses may enter into written collaborative agreements with collaborating advanced practice registered nurses or physicians (rather than collaborating physicians or podiatric physicians). In provisions concerning prescriptive authority for postgraduate advanced practice registered nurses, sets forth the requirements for postgraduate advanced practice registered nurses to have prescriptive authority and the limitations of such authority. Makes changes to provisions concerning the grounds for disciplinary action under the Act. Requires the Department of Public Health to prepare a report regarding the moneys appropriated from the Nursing Dedicated and Professional Fund to the Department of Public Health for nursing scholarships. Makes other changes. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Regulatory Sunset Act. Extends the repeal date of the Nurse Practice Act from January 1, 2018 to January 1, 2028. Amends the Nurse Practice Act. Eliminates the position of Assistant Nursing Coordinator. Eliminates the Advanced Practice Nursing Board. Provides that the Department of Financial and Professional Regulation may provide notice to a licensee or applicant by certified or registered mail to the address of record or by email to the email address of record. Provides provisions for change of address of record and email address of record, application for license, confidentiality of any information collected by the Department in the course of an examination or investigation of a license or applicant, and disposition by a consent order. Changes references to "advanced practice nurse" to references to "advanced practice registered nurse" throughout the Act and in other Acts. Changes references to "Illinois Center for Nursing" to references to "Illinois Nursing Workforce Center". Makes changes concerning definitions, application of the Act, unlicensed practice, prohibited acts, Department powers and duties, nursing delegation, qualifications for licensed practical nurse, registered nurse, and advanced practice registered nurse licensure, registered nurse education program requirements, registered nurse scope of practice, grounds for disciplinary action, intoxication and drug abuse, the Nursing Dedicated and Professional Fund, investigations, notices, hearings, use of stenographers and transcripts, review under the Administrative Review Law, certification of records, the Center for Nursing Advisory Board, and medication aide licensure requirements. Repeals provisions concerning registered nurse externship permits, rosters, liability of the State, hearing officers, and orders for rehearings. Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
3/9/2017	Senate	Placed on Calendar Order of 2nd Reading March 14, 2017

SB 969 INS CD-PHYSICAL THERAPY

Sponsor Sen. Martin A. Sandoval

Synopsis As Introduced

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

Last Action

Date	Chamber	Action
3/16/2017	Senate	Postponed - Insurance

SB 1348 [MEDICAL PRACTICE-VARIOUS](#)

Sponsor Sen. Iris Y. Martinez

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal date of the Medical Practice Act of 1987 from December 31, 2017 to December 31, 2027. Amends the Medical Practice Act of 1987. Provides that all applicants and licensees shall provide a valid address and email address, which shall serve as the address and email address of record, and shall inform the Department of any change of address or email address through specified means. Defines "email address of record". In provisions concerning grounds for discipline, provides that the Department of Financial and Professional Regulation may take action with regard to a person licensed under the Act for: willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act; and being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act, and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act. In provisions authorizing the Secretary of Financial and Professional Regulation to appoint a hearing officer, provides that the hearing officer's findings and recommendations shall also be provided to the Medical Licensing Board along with the Medical Disciplinary Board so both Boards may review the information and present their findings to the Secretary. Makes changes in provisions concerning stenographers. Changes references to "stenographer" to references to "certified shorthand reporter". Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
3/1/2017	Senate	Placed on Calendar Order of 2nd Reading March 2, 2017

SB 1478 [RADIOLOGIC ADVISORY BD-ABOLISH](#)

Sponsor Sen. Pamela J. Althoff

Synopsis As Introduced

Amends the Radiation Protection Act of 1990. Abolishes the Radiologic Technologist Accreditation Advisory Board.

Last Action

Date	Chamber	Action
3/2/2017	Senate	Placed on Calendar Order of 2nd Reading March 7, 2017

[SB 1522](#) [MEDICAID-HARDSHIP PAYMENT](#)**Sponsor** Sen. Heather A. Steans**Committee Hearing:** Public Health Hearing Mar 14 2017 1:00PM Capitol 400 Springfield, IL**Synopsis As Introduced**

Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to develop, by rule, a process by which a facility experiencing cash flow problems can request a hardship payment from a managed care organization as an advance against money owed to the facility by the managed care organization.

Last Action

Date	Chamber	Action
3/2/2017	Senate	Postponed - Public Health

[SB 1525](#) [PROFESSION REGULATION-VARIOUS](#)**Sponsor** Sen. Chuck Weaver**Synopsis As Introduced**

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Defines "applicant", "email address of record", "license", and "licensee". Provides that the Department of Financial and Professional Regulation shall require all applicants and licensees to provide a valid address and email address, which shall serve as the address and email address of record, and to inform the Department of any change of address or email address through specified means. Provides that the Department shall provide notice of a suspension to the licensee by mailing a copy of the Department's order to the licensee's address of record or emailing a copy of the order to the licensee's email address of record (rather than mailing a copy of the order by certified and regular mail to the licensee's last known address as registered with the Department). Changes references of "registrant" to "licensee or applicant" and references of "certificate" to "license" throughout the Law. Provides that if a licensed health care worker has been convicted of a criminal battery against any patient in the course of patient care or treatment or is required to register as a sex offender and the health care worker has had his or her license revoked for a forcible felony conviction, the health care worker may not petition the Department to restore his or her license. Provides that an applicant or licensee may request to the Department that his or her permanent denial or revocation be classified as confidential. Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
3/1/2017	Senate	Placed on Calendar Order of 2nd Reading March 2, 2017

[SB 1559](#) [MEDICAID-PAYMENT RATES](#)**Sponsor** Sen. Heather A. Steans**Synopsis As Introduced**

Amends the Medical Assistance Article of the Illinois Public Aid Code. In provisions concerning payment rates for nursing facilities, provides that facility-specific staffing levels and wages paid (rather than regional wage adjusters based on the Health Service Areas (HSA) groupings and adjusters in effect on April 30, 2012) shall be one of the factors in determining the new nursing services reimbursement methodology utilizing the RUG-IV 48

grouper model. Sets forth the calculation of the facility-specific RUG-IV nursing component per diem rate for dates of service beginning July 1, 2017. Provides that certain staffing and wage adjusters must be updated each quarter using the staffing hours and wage data from Payroll Benefit Journal data collected by the Centers for Medicare and Medicaid Services for the same time period of Minimum Date Set data used to calculate the RUG-IV acuity case weight. Sets forth how to calculate each facility's "total per resident per day staffing wage cost". Provides that the levels used to assign certain staffing and wage adjusters shall be calculated using the staffing ratios required under the Nursing Home Care Act multiplied by the Illinois mean hourly wage for the equivalent occupational code and title assigned by the U.S. Bureau of Labor Statistics and reported in the May 2014 State Occupational Employment and Wage Estimates for Illinois. Provides that beginning July 1, 2017 and quarterly thereafter, the Department of Healthcare and Family Services may adjust, by administrative rule and within certain parameters established under the Code, a specific staffing and wage adjuster described in the Code for the purpose of keeping liability created by the facility-specific RUG-IV nursing component per diem rates stable. Permits the Department to adopt rules to implement these provisions. Effective immediately.

Last Action

Date	Chamber	Action
3/14/2017	Senate	Assigned to Public Health

SB 1585 PHYSICIAN ASSISTANT-VARIOUS

Sponsor Sen. Iris Y. Martinez

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal date of the Physician Assistant Practice Act of 1987 from January 1, 2018 to January 1, 2028. Amends the Physician Assistant Practice Act of 1987. Reorganizes the Act by adding titles and renumbering provisions. Replaces references to "supervising physicians" with references to "collaborating physicians" throughout the Act. Replaces references to "supervision agreement" with references to "collaborative agreement" throughout the Act. Adds provisions concerning continuing education. In provisions concerning grounds for disciplinary action, provides that the Department of Financial and Professional Regulation may refuse to issue or renew a physician assistant license or discipline a licensee for willfully or negligently violating a patient's confidentiality, except as required by law, or failing to provide copies of medical records as required by law. Amends various Acts to conform references and terminology. Makes other changes. Effective immediately.

Last Action

Date	Chamber	Action
3/16/2017	Senate	Placed on Calendar Order of 2nd Reading March 28, 2017

SB 1688 DFPR-CRIMINAL HISTORY

Sponsor Sen. Kwame Raoul

Synopsis As Introduced

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Requires the Department of Financial and Professional Regulation to consider certain mitigating factors and evidence of rehabilitation for certain applicants of licenses, certificates, and registrations. Requires the Department, upon denial of a license, certificate, or registration, to provide the applicant certain information concerning the denial. Provides that no application for licensure or registration shall be denied by reason of a finding of lack of good moral character when the finding is based solely upon the fact that the applicant has one or more previous convictions. Provides that the Department shall not require applicants to report certain criminal history information and the Department shall not consider the information. Provides that on May 1 of each year, the Department shall prepare, publicly announce, and publish certain statistical information. Amends the Criminal Identification Act. Includes applications for license, certification, and registration that must contain specific language which states that the applicant is not obligated to disclose sealed or expunged records of conviction or arrest and entities authorized to grant professional licenses, certifications, and registrations that may not ask if an applicant has had records expunged or sealed. Provides that certain sealed or impounded felony records shall not be disseminated.

in connection with an application for a professional or business license, except specified health care worker licenses. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause with provisions of the introduced bill with the following changes: In provisions amending the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, includes licensing Acts administered by the Department of Financial and Professional Regulation in which convictions of certain enumerated offenses are a bar to licensure as an exception to the requirement that the Department consider mitigating factors and rehabilitation. Requires the Department, when examining certain factors, to determine whether a prior conviction will impair the ability of the applicant to engage in the practice for which a license, certificate, or registration is sought (rather than examining certain factors in determining whether to grant a license, certificate, or registration). Removes an affirmative obligation of the Department to demonstrate that a prior conviction would impair the ability of an applicant. Requires the Department to notify an applicant of a denial of a license or certificate or refuse to grant registration based upon a conviction or convictions, in whole or in part. Makes changes to the items that must be included in the notice. Makes changes to the information that the Department shall not require applicants to report. Changes various references of "new and renewal license, certificate, or registration" to "new license, certificate, or registration". Makes changes to information the Department must report. Restores a fee to be charged by the Department, but reduces the fee from \$200 to \$175. Makes changes to when the Department may consider an application to make disciplinary records confidential. In provisions amending the Criminal Identification Act, provides that applications for certification, registration, or licensure (rather than employment, certification, registration, or licensure) shall (rather than must) contain certain language. Provides that if it not reasonably feasible to include the language in the application, the entity authorized to grant a license, certification, or registration shall publish on its website instructions specifying that applicants are not obligated to disclose sealed or expunged records of a conviction or arrest. Removes changes to provisions concerning retention and release of sealed records. Removes the immediate effective date.

Last Action

Date	Chamber	Action
3/16/2017	Senate	Placed on Calendar Order of 2nd Reading March 28, 2017

[SB 1691](#) [SAFETY-NET HOSP-LOAN PROGRAM](#)

Sponsor Sen. Kwame Raoul

Synopsis As Introduced

Amends the State Finance Act. Creates the Safety-Net Hospital Service Loan Forgiveness Program Fund. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to establish the Safety-Net Hospital Service Loan Forgiveness Program to make loan repayment disbursements to physicians and medical residents, as defined, who agree to practice in a Safety-Net Hospital. Requires physicians and medical residents who are selected to participate in the Program to agree, by contract, to serve a minimum 3-year full-time service obligation. Requires the Department to make annual disbursements directly to the selected physician or medical resident equivalent to 35% of the average educational debt for indebted graduates in his or her profession not to exceed the balance of the physician or medical resident's qualifying educational loans. Provides that before receiving loan repayment disbursements and as requested, the physician or medical resident must complete a confirmation of practice form verifying that he or she is practicing as required under the Program. Provides that if a physician or medical resident fails to fulfill the required minimum commitment of service, the Department shall collect the total amount paid to the physician or medical resident under the Program plus interest and shall deposit such moneys into the Safety-Net Hospital Service Loan Forgiveness Program Fund. Requires the Department to adopt any rules necessary to implement the Program.

Last Action

Date	Chamber	Action
3/15/2017	Senate	Postponed - Human Services

SB 1848 [PROMPT PAYMENT-GRANT AGREEMENTS](#)

Sponsor Sen. Mattie Hunter

Synopsis As Introduced

Amends the State Prompt Payment Act. Provides that goods or services furnished to the State includes, but is not limited to, services concerning prevention, intervention, or treatment services and supports for youth provided by a vendor by virtue of a contractual grant agreement. Includes invoices issued under a contractual grant agreement in the definition of "proper bill or invoice."

Last Action

Date	Chamber	Action
3/16/2017	Senate	Postponed - State Government

SB 2027 [PATIENT BILLING-COLLECTION](#)

Sponsor Sen. Laura M. Murphy

Committee Hearing: Insurance Hearing Mar 15 2017 3:00PM Capitol 400 Springfield, IL**Synopsis As Introduced**

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

Last Action

Date	Chamber	Action
3/16/2017	Senate	Postponed - Insurance