



Weekly Legislative Report

ILLINOIS RADIOLOGICAL SOCIETY

By: Jessica Nardulli & Tom Ryder

Legislative Update and Report prepared for *Illinois Radiological Society* for the week beginning April 20, 2015.

This week is deadline week for House bills to move out of the House and Senate bills to move out of the Senate. Next week, each chamber will start over again with committee hearings on bills from the opposite chamber. The House will consider Senate bills and the Senate will consider House bills. Six weeks remain until the scheduled adjournment of May 31.

There are two phrases used often around the legislature: (1) “no issue is ever dead in the General Assembly;” and (2) “deadlines are just suggestions.” This week will offer many examples of both. Bills that died in committee before the break may reappear as amendments. Ideas never introduced as bills may appear as amendments. Later this week, sponsors who could not get enough votes to pass their bill will ask for (and receive) an extension to the Friday deadline. In the upcoming weeks, each chamber will be dealing with a combination of bills with extended deadlines and other bills moving through the normal process. Deadlines are only suggestions.

Please contact us with any questions or if you would like additional information.

ILLINOIS RADIOLOGICAL SOCIETY

HB 76

Short Description: INSURANCE-TELEHEALTH

House Sponsors

Rep. Lou Lang-Sara Feigenholtz-Arthur Turner and La Shawn K. Ford

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that each insured residing in an area designated as a mental health professional shortage area may obtain services from professionals licensed under the Illinois Alcoholism and Other Drug Abuse and Dependency Act through the use of telehealth services.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/25/2015 | House | Placed on Calendar 2nd Reading - Short Debate |

HB 108

Short Description: IL UNIVERSAL HEALTH CARE ACT

House Sponsors

Rep. Mary E. Flowers-Carol Ammons-Will Guzzardi-Linda Chapa LaVia, Monique D. Davis and Camille Y. Lilly

Synopsis As Introduced

Creates the Illinois Universal 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.

KEY

LEGISLATION

- HB 3673 (Smiddy) – INS CD-PUB AID CD-MRI COVERAGE
- SB 54 (Mulroe) – Insurance-Mammograms

Fiscal Note (Department of Insurance)

HB 108 states that all federal moneys designated for health care would be utilized to fund this Act. Department of Insurance federal funding totals \$89,000,906. This federal grant money is associated with implementation of the Affordable Care Act. Passage of this legislation would remove this funding from the Illinois Department of Insurance.

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

This bill does not create a State mandate.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 3/25/2015 | House | Placed on Calendar Order of 3rd Reading - Short Debate |

HB 207

Short Description: RIGHT TO TRY ACT

House Sponsors

Rep. Mary E. Flowers

Synopsis As Introduced

Creates the Right to Try Act. Provides that an eligible patient with a terminal illness who has considered all other treatment options approved by the United States Food and Drug Administration may acquire from a manufacturer an investigational drug, biological product, or device that has successfully completed Phase 1 of a clinical trial, but has not been approved for general use by the United States Food and Drug Administration. Provides that a manufacturer may, but is not required to, provide an investigational drug, biological product, or device to an eligible patient, either with or without receiving compensation. Provides that an accident and health insurer may, but is not required to, provide coverage for an eligible patient seeking such a drug, product, or device. Provides that an entity responsible for Medicare certification may not take action against a health care provider's Medicare certification based solely on the health care provider's recommendation that a patient have access to an investigational drug, biological product, or device. Defines required terms. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit of a physician to practice medicine based solely on the physician's recommendation to an eligible patient regarding, or prescription for, or treatment with an investigational drug, biological product, or device.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 316

Short Description: MEDICAID-DEMONSTRATION PROJECT

House Sponsors

Rep. Greg Harris

Synopsis As Introduced

Amends the Illinois Public Aid Code. Prohibits the State from accepting any special terms and conditions for federal approval of any Medicaid research and demonstration project waiver proposal submitted to the U.S. Department of Health and Human Services on June 4, 2014. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 421

Short Description: NURSE-COLLABORATION-PRESCRIBE

House Sponsors

Rep. Sara Feigenholtz, Kelly M. Cassidy, John E. Bradley and Mary E. Flowers

Synopsis As Introduced

Amends the Nurse Practice Act. Eliminates the requirement for a written collaborative agreement for all advanced practice nurses. Eliminates the requirement for an anesthesia plan for certified registered nurse anesthetists. Removes references to a written collaborative agreement and anesthesia plan throughout the Act. Repeals certain Sections of the Act and a Section of the Podiatric Medical Practice Act of 1987 concerning written collaborative agreements. Amends various other Acts to make related changes. Effective immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Nurse Practice Act. In provisions regarding written collaborative agreements, adds immunizations to the list of primary health treatment within the scope of an advanced practice nurse's training and experience. Makes a technical change. Amends various other Acts to specify that physician assistants and advance practice nurses must be licensed and to remove references to written supervision agreements and written collaborative agreements. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/25/2015 | House | Placed on Calendar 2nd Reading - Short Debate |

HB 496

Short Description: RIGHT TO TRY ACT

House Sponsors

Rep. Daniel V. Beiser-Mary E. Flowers

Synopsis As Introduced

Creates the Right to Try Act. Provides that an eligible patient with a terminal illness who has considered all other treatment options approved by the United States Food and Drug Administration may acquire from a manufacturer an investigational drug, biological product, or device that has successfully completed Phase 1 of a clinical trial, but has not been approved for general use by the United States Food and Drug Administration. Provides that a manufacturer may, but is not required to, provide an investigational drug, biological product, or device to an eligible patient, either with or without receiving compensation. Provides that an accident and health insurer may, but is not required to, provide coverage for an eligible patient seeking such a drug, product, or

device. Provides that an entity responsible for Medicare certification may not take action against a health care provider's Medicare certification based solely on the health care provider's recommendation that a patient have access to an investigational drug, biological product, or device. Defines required terms. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit of a physician to practice medicine based solely on the physician's recommendation to an eligible patient regarding, or prescription for, or treatment with an investigational drug, biological product, or device. Amends the Illinois Health Statistics Act. Requires the Department of Public Health to adopt rules for the collection certain types of data from patients under the Right to Try Act.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 1335

Short Description: RIGHT TO TRY ACT

House Sponsors

Rep. Greg Harris-Daniel V. Beiser-David Harris-John D. Anthony-Esther Golar, Carol Ammons, Ann Williams, André M. Thapedi, Kelly Burke, Natalie A. Manley, David McSweeney, Cynthia Soto, Daniel J. Burke, Robert F. Martwick, Will Guzzardi, Elizabeth Hernandez, Edward J. Acevedo, John D'Amico and Kenneth Dunkin

Senate Sponsors

(Sen. Michael Connelly)

Synopsis As Introduced

Creates the Right to Try Act. Provides that an eligible patient with a terminal illness who has considered all other treatment options approved by the United States Food and Drug Administration may acquire from a manufacturer an investigational drug, biological product, or device that has successfully completed Phase I of a clinical trial, but has not been approved for general use by the United States Food and Drug Administration. Provides that a manufacturer may, but is not required to, provide an investigational drug, biological product, or device to an eligible patient, either with or without receiving compensation. Provides that an accident and health insurer may, but is not required to, provide coverage for an eligible patient seeking such a drug, product, or device. Contains a penalty provision. Defines required terms. Contains legislative findings. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit of a physician to practice medicine based solely on the physician's recommendation to an eligible patient regarding, or prescription for, or treatment with an investigational drug, biological product, or device.

House Committee Amendment No. 1

Amends the Nursing Home Care Act. Provides that the requirements applicable to institutional review boards do not apply to investigational drugs, biological products, or devices used by a resident with a terminal illness as set forth in the Right to Try Act.

House Floor Amendment No. 2

Makes a technical change.

Last Action

| Date | Chamber | Action |
|------|---------|--------|
|------|---------|--------|

HB 1344**Short Description:** MEDICAID-DEMONSTRATION PROJECT**House Sponsors**

Rep. Greg Harris-Emanuel Chris Welch-Deborah Conroy-David Harris

Synopsis As Introduced

Amends the Illinois Public Aid Code. Prohibits the State from accepting any special terms and conditions for federal approval of any Medicaid research and demonstration project waiver proposal submitted to the U.S. Department of Health and Human Services on June 4, 2014. Requires the State to immediately withdraw all pending Section 1115 research and demonstration project waiver proposals submitted on or after June 4, 2014. Provides that the State shall not submit to the U.S. Department of Health and Human Services any Section 1115 demonstration project waiver proposal without first receiving specific statutory authority detailing the parameters of the proposal prior to its submission for federal approval. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 1359**Short Description:** HEALTH CARE LICENSE SUSPENSION**House Sponsors**

Rep. Robyn Gabel

Synopsis As Introduced

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that health care workers licensed by the State be automatically and indefinitely suspended at such time as the final trial proceedings are concluded whereby a licensee has been adjudicated and found guilty, or has entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of the State, the laws of any other state, or the laws of the United States of America for any offense reasonably related to the qualifications, functions, or duties of their profession, or arising out of any investigation thereof, and for any offense in which defrauding Medicare, Medicaid, or any other health insurance provider is an essential element, whether or not sentence is imposed. Makes conforming changes in the Hearing Instrument Consumer Protection Act.

House Committee Amendment No. 1

Replaces everything after the enacting clause with substantially similar provisions, but (i) provides for indefinite suspension for any violation of a law an essential element of which is defrauding Medicare, Medicaid, or any other health insurance provider, or from any offense arising out of any investigation thereof, (ii) removes suspensions for any offense reasonably related to the qualifications or duties of a health care worker's profession, and (iii) removes provisions amending the Hearing Instrument Consumer Protection Act. Makes other changes.

House Floor Amendment No. 2

Replaces everything after the enacting clause. Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Provides that a health care worker licensed by the Department of Financial

and Professional Regulation shall be automatically and indefinitely suspended at such time as the final trial proceedings are concluded whereby a licensee has been either convicted of, or has entered a plea of guilty or nolo contendere in a criminal prosecution to, a criminal health care or criminal insurance fraud offense, requiring intent, under the laws of the State, the laws of any other state, or the laws of the United States of America, including, but not limited to, criminal Medicare or Medicaid fraud. Requires that a certified copy of the conviction or judgment be the basis for the suspension. Provides that, if a licensee requests a hearing, then the sole purpose of the hearing shall be limited to the length of the suspension of the licensee's license, as the conviction or judgment is a matter of record and may not be challenged.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/11/2015 | House | Placed on Calendar 2nd Reading - Short Debate |

HB 2508

Short Description: RIGHT TO TRY ACT

House Sponsors

Rep. David Harris-Greg Harris and Kenneth Dunkin

Synopsis As Introduced

Creates the Right to Try Act. Provides that an eligible patient with a terminal illness who has considered all other treatment options approved by the United States Food and Drug Administration may acquire from a manufacturer an investigational drug, biological product, or device that has successfully completed Phase I of a clinical trial, but has not been approved for general use by the United States Food and Drug Administration. Provides that a manufacturer may, but is not required to, provide an investigational drug, biological product, or device to an eligible patient, either with or without receiving compensation. Provides that an accident and health insurer may, but is not required to, provide coverage for an eligible patient seeking such a drug, product, or device. Contains a penalty provision. Defines required terms. Contains legislative findings. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit of a physician to practice medicine based solely on the physician's recommendation to an eligible patient regarding, or prescription for, or treatment with an investigational drug, biological product, or device.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 2562

Short Description: INS CD-CLINICAL TRIALS

House Sponsors

Rep. Robyn Gabel

Synopsis As Introduced

Amends the Illinois Insurance Code. Amends provisions that prohibit individual or group policies of accident and health insurance from canceling or non-renewing policies for any individual based on that individual's participation in a qualified cancer trial to include other qualified clinical trials. Provides that the cancer or other

qualified clinical trial may be at Phase I of investigation. Requires research trials to be authorized by an institutional review board of an institution approved by the Office of Human Research Protections of the federal Department of Health and Human Services. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that no person shall be denied medical assistance based upon that individual's participation in a cancer or other qualified clinical trial if such trial meets the conditions for clinical trials established in the Illinois Insurance Code. Effective January 1, 2016.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 2596

Short Description: DHFS-MANAGED CARE ENTITIES

House Sponsors

Rep. Greg Harris

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services, in conjunction with the Department of Insurance, to by rule adopt standards for assessing the solvency and financial soundness of each managed care community network. Provides that any solvency and financial standards adopted for managed care community networks shall be identical to (rather than no more restrictive than) the solvency and financial standards required under Article II of the Health Maintenance Organization Act (rather than the solvency and financial standards adopted under the Social Security Act for provider-sponsored organizations). In provisions concerning entities contracted with the Department of Healthcare and Family Services to coordinate healthcare for medical assistance recipients, provides that the Department shall treat all contracted entities identically in relation to care coordination ratios. Provides that Managed Care Entities are authorized to hire community healthcare workers to meet the mandated care coordination ratios; and that the Department shall define by policy the term "community healthcare workers" no later than January 1, 2016. Requires the Department to treat all contracted entities receiving risk-based capitation payments identically with regards to network adequacy and medical loss ratios. Provides that in conjunction with the Department of Insurance, the Department of Healthcare and Family Services shall ensure that all contracted entities receiving risk-based capitation payments are treated identically with regards to protections against financial insolvency.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 2684

Short Description: MEDICAID REFORM RESEARCH ACT

House Sponsors

Rep. Greg Harris-Robyn Gabel, Kelly M. Cassidy, Laura Fine and Cynthia Soto

Synopsis As Introduced

Provides that the Act may be referred to as the Medicaid Reform Research Act. Provides that, given that Illinois' Medical Assistance Program is undergoing a transition to managed care for Medicaid populations subject

to the Medicaid Reform Act of 2011, the Save Medicaid Access Together (SMART) Act of 2012, and other Acts affecting Medicaid populations and delivery systems, a lawful and well-regulated dissemination of Medicaid data to qualified researchers is the best way to create accurate and creative unbiased analysis and information about Illinois' Medical Assistance Program that will lead to better health outcomes at a lower cost. Amends the Commission on Government Forecasting and Accountability Act. Provides that the Commission on Government Forecasting and Accountability may, subject to appropriations, coordinate and enter into agreements with the Department of Healthcare and Family Services and certain institutions and entities for research on medical assistance managed care or other State medical assistance programs pursuant to the analysis purposes of the State-Funded Health Care Quality Assurance and Research Fund. Contains provisions concerning individual patient medical claims information provided by the Department to those institutions and entities and other matters. Amends the State Finance Act. Creates the State-Funded Health Care Quality Assurance and Research Fund to provide the General Assembly with an independent analysis on certain matters, including the efficacy of State managed care programs to improve continuity of care, ensure adequate provider participation, and maintain appropriate utilization of health services. Provides that the Fund shall consist of certain moneys, including transfers from the Healthcare Provider Relief Fund and other matters. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 2812

Short Description: MEDICAID-SENSITIVE SERVICES

House Sponsors

Rep. Christian L. Mitchell and Camille Y. Lilly

Senate Sponsors

(Sen. Daniel Biss)

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that for all recipients of medical assistance who are enrolled in a Medicaid Managed Care Entity, information concerning sensitive health services, including information concerning consultations, examinations, and treatments, shall not be divulged directly or indirectly to any person, including by sending a bill for such services or by sending an explanation of benefits provided by the Medicaid Managed Care Entity, unless the recipient who received the sensitive health services requests the information from the Medicaid Managed Care Entity. Provides that the term "Medicaid Managed Care Entity" includes, but is not limited to, Care Coordination Entities, Accountable Care Entities, Managed Care Community Networks, and Managed Care Organizations. Defines "sensitive health services". Provides that nothing in this provision shall be construed to relieve a Medicaid Managed Care Entity or the Department of Healthcare and Family Services of its duty to report incidents of sexually transmitted infections to the Department of Public Health or to the local board of health in accordance with regulations adopted under a statute or ordinance, or to report incidents of sexually transmitted infections as necessary to comply with certain requirements under the Abused and Neglected Child Reporting Act or as otherwise required by State or federal law. Effective immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that unless otherwise required by federal law, Medicaid Managed Care Entities shall not divulge, directly or indirectly, including by sending a bill or explanation of benefits, information concerning the sensitive health services received by enrollees of the Medicaid Managed Care Entity to any person other than providers and care coordinators caring for the enrollee and employees of the entity in the course of the entity's internal operations. Provides that the Medicaid Managed Care Entity may divulge information concerning the sensitive health services if the enrollee who received the sensitive health services requests the information from the

Medicaid Managed Care Entity and authorized the sending of a bill or explanation of benefits. Provides that communications including, but not limited to, statements of care received or appointment reminders either directly or indirectly to the enrollee from the health care provider, health care professional, and care coordinators, remain permissible. Provides that the term "Medicaid Managed Care Entity" includes Care Coordination Entities, Accountable Care Entities, Managed Care Organizations, and Managed Care Community Networks. Provides that "sensitive health services" means mental health services, substance abuse treatment services, reproductive health services, family planning services, services for sexually transmitted infections and sexually transmitted diseases, and services for sexual assault or domestic abuse. Services include prevention, screening, consultation, examination, treatment, or follow-up. Provides that nothing shall be construed to relieve a Medicaid Managed Care Entity or the Department of any duty to report incidents of sexually transmitted infections to the Department of Public Health or to the local board of health in accordance with regulations adopted under a statute or ordinance or to report incidents of sexually transmitted infections as necessary to comply with the requirements under the Abused and Neglected Child Reporting Act or as otherwise required by State or federal law. Provides that the Department shall create policy in order to implement these requirements. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|-------------------------|
| 4/16/2015 | Senate | Referred to Assignments |

HB 3133

Short Description: HEALTH FACILITIES-FINES&FORMS

House Sponsors
Rep. William Davis

Synopsis As Introduced

Amends the Illinois Health Facilities Planning Act. Removes a provision requiring the State Board to prescribe and provide the forms upon which the State Board Staff Report shall be made. Provides that the State Board shall provide its rationale when voting on an item before it at a meeting in order to comply with the Code of Civil Procedure. Requires the transcript of the meeting to be incorporated into the Board's final decision. Provides that the State Board may require in-kind services instead of or in combination with the imposition of a fine. Limits this authorization to cases where the non-compliant individual or entity has waived the right to an administrative hearing or opportunity to appear before the Board. Provides that fines shall continue to accrue until the date that the matter is referred by the State Board to the Board's legal counsel. Effective immediately.

House Floor Amendment No. 1

Replaces everything after the enacting clause. Reinserts the introduced bill with the following changes: provides that the Health Facilities and Services Review Board may accept (instead of may require) in-kind services instead of or in combination with the imposition of a fine. Provides that all requests for an appearance before the State Board must be made within 30 days after receiving notice that a fine will be imposed. Provides that a person who discontinues a health care facility or a category of service without first obtaining a permit or exemption (currently, a permit) shall be fined an amount not to exceed \$10,000 plus an additional \$10,000 for each 30-day period. Makes other changes. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 4/17/2015 | House | Placed on Calendar Order of 3rd Reading - Short Debate |

HB 3139

Short Description: REPEALS HEALTH FAC PLANNING BD

House Sponsors

Rep. David Harris-Jack D. Franks

Synopsis As Introduced

Repeals the Illinois Health Facilities Planning Act and abolishes the Health Facilities and Services Review Board. Repeals the Health Care Worker Self-Referral Act. Amends various other Acts to eliminate references to the Board or the Act.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the provisions of the introduced with the following change: amends the Health Care Self-Referral Act to transfer the Board's functions under that Act to the Department of Public Health.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3209

Short Description: ANATOMIC PATHOLOGY SERVICES

House Sponsors

Rep. Jay Hoffman

Synopsis As Introduced

Amends the Medical Patient Rights Act. Provides that the prohibition on the markup of anatomic pathology services does not apply to any physician-owned laboratory. Provides that nothing regarding this prohibition shall be construed to prohibit a physician from billing for services rendered and testing performed in the physician's office or a laboratory owned by a physician or medical group. Makes other changes.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3212

Short Description: HEALTH CARE-BACKGROUND CHECK

House Sponsors

Rep. Camille Y. Lilly-Rita Mayfield-Kelly M. Cassidy-La Shawn K. Ford-Christian L. Mitchell and Robyn Gabel

Synopsis As Introduced

Amends the Health Care Worker Background Check Act. Replaces language prohibiting a health care

employer to hire, employ, or retain any individual in a position with duties involving direct care for clients if the individual is convicted of committing specified offenses with language that allows health care employers to hire, employ, or retain any individual in a position involving direct care for clients, patients, or residents, or access to the living quarters or the financial, medical, or personal records of residents, who has been convicted of committing or attempting to commit specified offenses after specified time periods or within the time periods with a waiver under the Act. Adds 5 members to the Health Care Worker Task Force. Requires the Task Force to issue recommendations to the Department of Public Health, including (i) examining whether the relevant rules must be amended to reflect changes in Illinois law, (ii) determining whether the waiver procedures are effective, and (iii) connecting people with criminal records to employment with work in the health care industry. Requires the Department of Public Health to issue a report regarding waivers. Makes other changes. Amends the Code of Civil Procedure. Provides that evidence that an employee (1) has been granted a waiver or similar relief pursuant to the Health Care Worker Background Check Act or (2) has been convicted of a disqualifying offense is not admissible for the purpose of proving that an employer was negligent or otherwise liable for hiring the employee if the employee has received a waiver or has otherwise been determined eligible for hire pursuant to the Health Care Worker Background Check Act. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3222

Short Description: HOSPITAL-CLOSURE AND REOPENING

House Sponsors

Rep. Pamela Reaves-Harris

Synopsis As Introduced

Amends the Illinois Health Facilities Planning Act. Provides that the term "health care facilities" does not include a facility licensed as a hospital under the Hospital Licensing Act that reopens under new ownership at the same location within 36 months of the facility's closure. Amends the Hospital Licensing Act. Provides that any hospital that has closed for any reason, except for license revocation by the Department of Public Health for failure to comply with the Act, may reopen under new ownership or management, or both, within 3 years of its closing date without reapplying for a license under the Act if the facility is reopening at the same location and in the same physical structure. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3285

Short Description: MEDICAID-MCO-ENROLLEE RIGHTS

House Sponsors

Rep. Sara Feigenholtz-Michael Unes, Daniel J. Burke, Jaime M. Andrade, Jr., David R. Leitch, Mary E. Flowers, C.D. Davidsmeyer and Emanuel Chris Welch

Synopsis As Introduced

Amends the Illinois Public Aid Code. In a provision concerning certain requirements care coordination services must conform to when such services are provided to enrollees participating in the Medicare-Medicaid Alignment Initiative Demonstration Project, adds the requirement that all rights guaranteed an enrollee under federal and State law be protected, including the right of an enrollee to select his or her own physician. In a provision concerning continuity of care for nursing home residents transitioning to a managed care organization, provides that the managed care organization shall, within 24 hours of receiving a request, change an enrollee's primary care provider and notify the enrollee in writing. Provides that if the enrollee states that a medical emergency exists, the managed care organization shall make the necessary changes immediately and notify by phone all involved parties followed by a written confirmation. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3306

Short Description: DHFS-CARE COORDINATION-REPORTS

House Sponsors

Rep. Jim Durkin-Patricia R. Bellock

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision requiring the Department of Healthcare and Family Services to report to the General Assembly on the progress and implementation of the care coordination program initiatives established under the Code, provides that the Department shall submit such information beginning April, 2012 (rather than beginning April, 2012 until April, 2016). Provides that the progress reports shall include, but need not be limited to, certain data and information, including: (i) the total number of individuals covered under the medical assistance program; (ii) the total number of individuals enrolled in coordinated care; (iii) a breakdown of the individuals enrolled in coordinated care by medical assistance enrollment category; and (iv) a breakdown of the number of individuals enrolled in coordinated care by the type of coordinated care model.

House Floor Amendment No. 1

In a provision listing the data and information to be included in the Department of Healthcare and Family Services' annual report to the General Assembly on the progress and implementation of the care coordination program, removes the following information and data: (1) the number of individuals enrolled in coordinated care who are enrolled under an entity that is paid through a fully capitated payment arrangement; and (2) information showing migratory behavior between different coordinated care delivery systems and also between the fee-for-service system and the coordinated care delivery systems, including the extent to which individuals auto-enrolled into a coordinated care delivery system opt out of coverage through the assigned entity.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 4/17/2015 | House | Third Reading - Short Debate - Passed 105-000-000 |

HB 3508

Short Description: NATUROPATHIC PHYSICIANS

House Sponsors

Rep. Robyn Gabel

Synopsis As Introduced

Amends the Medical Practice Act of 1987. Provides for the licensure of naturopathic physicians. Makes conforming changes in various other Acts. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3509

Short Description: INS CD-CHANGE TO CONTRACTS

House Sponsors

Rep. Greg Harris

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that contracts between insurers and health care professionals or providers for the provision of health care to the insured shall not contain terms allowing the plan to change a material term of the contract or a term affecting reimbursement rates established in the contract unless the term has been negotiated and agreed to or the change is necessary to comply with State or federal law or regulations or accreditation requirements. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 3510

Short Description: HEALTH CARE FAC-SUBCOMMITTEE

House Sponsors

Rep. Brandon W. Phelps, Daniel J. Burke, Jaime M. Andrade, Jr., Emanuel Chris Welch, Mary E. Flowers and Carol Ammons

Synopsis As Introduced

Amends the Illinois Health Facilities Planning Act. Requires the Health Facilities and Services Review Board to establish a separate set of rules and guidelines for long-term care for submission to the Index Division of the Office of Secretary of State no later than April 1, 2016. Requires the Health Services Review Board Long-term Care Facility Advisory Subcommittee to, in conjunction with the Board, study new approaches to the current bed need formula and Health Service Area boundaries and submit its recommendations to the Chairman of the Board no later than October 1, 2015. Requires the Chairman of the Board to ensure that the Health Services Review Board Long-term Care Facility Advisory Subcommittee includes 2 members recommended from each of the 3 statewide long-term care provider associations. Revokes all appointments to the Subcommittee on January 1, 2016 if by that time the Subcommittee has failed to recommend a separate set of rules and guidelines governing long-term care. Sets forth membership for the new Subcommittee to be appointed by the Board. Effective

immediately.

House Committee Amendment No. 1

Replaces everything after the enacting clause. Reinserts the substantive provisions of the introduced bill with technical and formatting changes. Requires the Chairman of the Board to ensure that the Health Services Review Board Long-term Care Facility Advisory Subcommittee includes 2 members recommended from each of the 3 statewide long-term care provider associations by January 1, 2016. Provides that voting members of the Subcommittee shall be appointed for 3-year terms, with one-third of the terms expiring each January, to be determined by lot. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/25/2015 | House | Placed on Calendar 2nd Reading - Short Debate |

HB 3519

Short Description: PHARMACY PRACTICE-BIOSIMILARS

House Sponsors

Rep. David Harris-Lou Lang-Patricia R. Bellock

Synopsis As Introduced

Amends the Pharmacy Practice Act. Provides that a pharmacist may substitute a prescription biosimilar product for a prescribed biological product under certain circumstances. Provides that the Board shall adopt rules for compliance with these provisions. Effective immediately.

House Committee Amendment No. 3

Replaces everything after the enacting clause. Amends the Pharmacy Practice Act. Provides that a pharmacist may substitute a biological product only if: the substituted product has been determined by the United States Food and Drug Administration to be interchangeable; the prescribing physician does not designate that substitution is prohibited; the pharmacy informs the patient of the substitution; and the selected biological product that will be used as the substitution has a unit price less than the biological product specified in the prescription or, if the unit price of the selected biological product is higher than the unit price of the prescribed biological product, the patient is informed and has agreed to accept the selected biological product. Requires that, no later than 5 days after the time of dispensing of a biological product, the dispensing pharmacist or the pharmacist's designee shall communicate to the prescriber the specific product provided to the patient; specifies exceptions. Requires the State Board of Pharmacy to maintain a link on the Department of Financial and Professional Regulation's Internet website to the current list of all biological products determined by the United States Food and Drug Administration to be interchangeable with a specific biological product. Effective July 1, 2016.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/25/2015 | House | Placed on Calendar 2nd Reading - Short Debate |

HB 3542

Short Description: PHYSICAL THERAPY-SUNSET

House Sponsors

Rep. Adam Brown and Daniel J. Burke

Synopsis As Introduced

Amends the Regulatory Sunset Act. Extends the repeal date of the Illinois Physical Therapy Act from January 1, 2016 to January 1, 2026. Amends the Illinois Physical Therapy Act. Provides that anyone engaged in the unlicensed practice of physical therapy shall, in addition to any other penalty provided by law, be subject to a civil penalty not exceeding \$10,000 per offense. Extends the 60-day post-notification exam deadline for applicants when no exam will be held within that time frame. Appropriates all penalties collected for violations of the Act for the Department of Professional and Financial Regulation. Requires that all information collected by the Department during the investigation of a licensee or applicant remain confidential and only be disclosed to law enforcement officials, other regulatory agencies with an appropriate regulatory interest in the information, or a party presenting a lawful subpoena for the information. Requires that anyone licensed under the Act who has been certified by court order as not having paid restitution to another under the Illinois Public Aid Code, the Criminal Code of 2012, or the Criminal Code of 1961 shall have his or her license suspended. Makes other changes. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|-----------------------------|
| 2/26/2015 | House | Referred to Rules Committee |

HB 3673

Short Description: INS CD-PUB AID CD-MRI COVERAGE

House Sponsors

Rep. Mike Smiddy-Arthur Turner, John E. Bradley, Brandon W. Phelps, Patrick J. Verschoore, Jerry F. Costello, II, Daniel V. Beiser, Silvana Tabares, Kathleen Willis, Greg Harris, Robyn Gabel, Kelly M. Cassidy, Carol A. Sente, Monique D. Davis, Frances Ann Hurley, Emanuel Chris Welch, La Shawn K. Ford, Mary E. Flowers, Elizabeth Hernandez, Carol Ammons, Litesa E. Wallace, Emily McAsey, Natalie A. Manley, Katherine Cloonen, Laura Fine, John D'Amico, Thaddeus Jones, Stephanie A. Kifowit, Martin J. Moylan, Jack D. Franks and Linda Chapa LaVia

Senate Sponsors

(Sen. Linda Holmes-John G. Mulroe-Daniel Biss-Mattie Hunter, Jacqueline Y. Collins, Heather A. Steans, Iris Y. Martinez, Emil Jones, III, William Delgado, Michael Noland, Thomas Cullerton, David Koehler, Dan Kotowski, Melinda Bush, Terry Link, Bill Cunningham, Julie A. Morrison, Donne E. Trotter, Michael E. Hastings, Napoleon Harris, III, Scott M. Bennett, Toi W. Hutchinson, Kwame Raoul and James F. Clayborne, Jr.)

Synopsis As Introduced

Amends the Illinois Insurance Code and the Illinois Public Aid Code. With regard to the respective requirements concerning coverage and payment for screening by low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer, includes a screening MRI when medically necessary, as determined by a physician licensed to practice medicine in all of its branches, and if the American Cancer Society's guidelines for appropriate use for women at high risk for breast cancer are met. Further amends the Illinois Public Aid Code. Provides that on and after January 1, 2016, the Department of Healthcare and Family Services shall ensure that all networks of care for adult clients of the Department include access to at least one breast imaging Center of Imaging Excellence as certified by the American College of Radiology. Provides that on and after January 1, 2017, providers participating in a breast cancer treatment quality improvement program approved by the Department shall be reimbursed for breast cancer treatment at a rate that is no lower than 95% of the Medicare program's rates for the data elements included in the breast cancer treatment quality program. Makes changes concerning the case-managing and patient navigation pilot program. Sets forth provisions concerning departmental requirements for networks of care. Provides that on and after January 1, 2016, the Department shall ensure that provider and hospital reimbursement for certain required post-mastectomy care

benefits are no lower than the Medicare reimbursement rate. Provides that on and after January 1, 2016 and subject to funding availability, the Department shall administer a grant program to build the public infrastructure for breast cancer imaging and diagnostic services across the State. Effective immediately.

House Committee Amendment No. 1

Amends the Illinois Insurance Code. Provides that for the purposes of defining low-dose mammography, digital mammography shall include breast tomosynthesis. Defines "breast tomosynthesis". Makes similar changes in the Health Maintenance Organization Act and the Illinois Public Aid Code.

Fiscal Note (Dept. of Insurance)

HB 3673 has no projected fiscal impact to the Illinois Department of Insurance.

Last Action

| Date | Chamber | Action |
|-----------|---------|-------------------------|
| 4/16/2015 | Senate | Referred to Assignments |

HB 3680

Short Description: INTERSTATE MEDICAL LICENSURE

House Sponsors

Rep. Mike Smiddy-Donald L. Moffitt-Patrick J. Verschoore

Synopsis As Introduced

Creates the Interstate Medical Licensure Compact Act. Provides that Illinois ratifies and approves the Interstate Medical Licensure Compact. The Compact provides that it will develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states. The Compact provides for eligibility requirements, application requirements, fees, renewal requirements, information concerning investigation and discipline, and other procedures to implement the Compact. Effective immediately.

Fiscal Note (Financial & Professional Regulation)

HB 3680 has minimal fiscal impact to the Illinois Department of Financial and Professional Regulation. The Federation of State Medical Boards (FSMB) will pay for the initial costs of the Medical Compact. The Department will have an annual estimated cost of \$3,000 to \$5,000 based on the Nurse Compact membership fees.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/26/2015 | House | Held on Calendar Order of Second Reading - Short Debate |

HB 3735

Short Description: MEDICAID SMART CARD

House Sponsors
Rep. Patricia R. Bellock

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 |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 4032

Short Description: HEALTH CARE COST ESTIMATE ACT

House Sponsors
Rep. Jack D. Franks

Synopsis As Introduced

Creates the Health Care Cost Estimate Act and amends the Illinois Insurance Code. Provides that prior to an admission, procedure, or service and upon request by a patient or prospective patient, a health care provider shall, within 2 working days, disclose the allowed amount or charge of the admission, procedure, or service. Provides that if the health care provider is unable to quote a specific amount in advance, the health care provider shall disclose the estimated maximum allowed amount or charge for the proposed admission, procedure, or service. Requires every company that issues, delivers, amends, or renews any individual or group policy of accident and health insurance to establish a toll-free telephone number and Internet website that enables consumers to request and obtain from the company, in real time, the estimated or maximum allowed amount or charge for a proposed admission, procedure, or service and the estimated amount the insured will be responsible to pay for a proposed admission, procedure, or service that is a covered benefit, based on the information available to the company at the time the request is made. Provides that if a patient or prospective patient is covered by a health insurance policy, a health care provider who participates as a network provider under the patient's or prospective patient's health insurance policy shall, upon request of the patient or prospective patient, provide, based on the information available to the health care provider at the time of the request, sufficient information regarding the proposed admission, procedure or service for the patient or prospective patient to use the applicable toll-free telephone number and Internet website of the provider of the health insurance policy.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 4060

Short Description: DFPR-PROFESSIONAL REGULATION

House Sponsors

Rep. Margo McDermed

Synopsis As Introduced

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Adds a definition for "address of record". Changes the definition of "Department" to mean the Division of Professional Regulation of the Department of Financial and Professional Regulation. Makes changes in provisions concerning the powers and duties of the Department, including requiring the Department post a monthly disciplinary report on its website (was, issue a monthly disciplinary report) and providing that certain actions to deny, suspend, or revoke licenses may be done without further process or hearings. Removes some obsolete language. Specifies that disciplinary actions under the Act may include reprimands or fines. Provides that discovery or evidence depositions shall not be taken, except by agreement of the Department and registrant. Provides that the Department may contract for court reporting services. Makes changes in provisions concerning witnesses, reports, restoration of certificates, reexaminations, index of formal decisions regarding disciplinary actions, publication of disciplinary actions, and emergency powers. Adds provisions concerning confidentiality of information collected by the Department. Removes provisions regarding board member compensation. Repeals language regarding licensing exemption related to the 2016 Olympic and Paralympic Games. Changes cross-references in various professional licensing Acts.

Last Action

| Date | Chamber | Action |
|-----------|---------|-----------------------------|
| 2/27/2015 | House | Referred to Rules Committee |

HB 4095

Short Description: MEDICAID-MCCN-PHARMACY RATES

House Sponsors

Rep. Sara Feigenholtz

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. In a provision listing certain requirements imposed on a managed care community network that contracts with the Department of Healthcare and Family Services to furnish health care services to or arrange those services for enrollees participating in programs administered by the Department, adds that the managed care community network shall establish, maintain, and provide a fair and reasonable reimbursement rate to pharmacy providers for pharmaceutical services, prescription drugs and drug products, and pharmacy or pharmacist-provided services. Provides that this reimbursement rate shall include a fair and reasonable professional dispensing fee for pharmaceutical services, prescription drugs, and drug products and a fair and reasonable professional fee for pharmacy or pharmacist-provided services; and that this reimbursement rate shall not be less than the reimbursement rate utilized by the Department for reimbursement for prescription and pharmacy or pharmacist-provided services under a provision of the Code concerning pharmacy payments under the medical assistance program. Effective January 1, 2016.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 4110

Short Description: HEALTH CARE COST ESTIMATE ACT

House Sponsors

Rep. Esther Golar

Synopsis As Introduced

Creates the Health Care Cost Estimate Act. Provides that if a person is provided outpatient services by a medical facility, then before that person is discharged from the medical facility, the medical facility must provide that person with an estimate of his or her out-of-pocket costs for the outpatient services and, if applicable, an estimate of the amount covered by his or her insurance policy. Defines "medical facility" and "outpatient services".

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

HB 4121

Short Description: EMS-STEMI RECEIVING CENTERS

House Sponsors

Rep. Robyn Gabel

Synopsis As Introduced

Amends the Emergency Medical Services (EMS) Systems Act and the State Finance Act. Provides that the Department of Public Health may designate a hospital as a STEMI Receiving Center or a STEMI Referring Center. Defines "STEMI" as a ST-elevated myocardial infarction. Provides certain requirements for designation as a STEMI Receiving Center. Establishes a State Acute Cardiac Event Advisory Subcommittee. Establishes Regional Acute Cardiac Event Advisory Subcommittees within each Regional EMS Advisory Committee. Creates the Acute Cardiac Event Data Collection Fund and provides that the moneys in the fund shall be used to support the collection of certain data and provides that any surplus fund shall be used to support the salary of the Department Stroke and Acute Cardiac Event Coordinator or for certain other purposes. In a provision concerning the Stroke Data Collection Fund, provides that any surplus funds shall be used by the Department to support the salary of the Department Stroke and Acute Cardiac Event Coordinator (instead of the Department Stroke Coordinator) or for certain other purposes. Contains provisions concerning definitions; rulemaking; annual fees for designation as a STEMI Receiving Center; suspension and revocation of a hospital's STEMI Receiving Center designation; and reporting of certain data. Makes other changes. Effective July 1, 2015.

Last Action

| Date | Chamber | Action |
|-----------|---------|---|
| 3/27/2015 | House | Rule 19(a) / Re-referred to Rules Committee |

SB 29

Short Description: RIGHT TO TRY ACT

Senate Sponsors

Sen. Michael Connelly-Linda Holmes-Heather A. Steans, John G. Mulroe-Chapin Rose, Jacqueline Y. Collins, Napoleon Harris, III, Dale A. Righter, Darin M. LaHood, Kyle McCarter, Steve Stadelman, Michael E. Hastings, Pat McGuire, Dave Syverson, David Koehler, Melinda Bush, Pamela J. Althoff-Sue Rezin and Don Harmon

House Sponsors

(Rep. Greg Harris)

Synopsis As Introduced

Creates the Right to Try Act. Provides that an eligible patient with a terminal illness who has considered all other treatment options approved by the United States Food and Drug Administration may acquire from a manufacturer an investigational drug, biological product, or device that has successfully completed Phase I of a clinical trial, but has not been approved for general use by the United States Food and Drug Administration. Provides that a manufacturer may, but is not required to, provide an investigational drug, biological product, or device to an eligible patient, either with or without receiving compensation. Provides that an accident and health insurer may, but is not required to, provide coverage for an eligible patient seeking such a drug, product, or device. Contains a penalty provision. Defines required terms. Contains legislative findings. Amends the Medical Practice Act of 1987. Provides that the Department of Financial and Professional Regulation may not revoke, suspend, place on probation, reprimand, refuse to issue or renew, or take any other disciplinary or non-disciplinary action against the license or permit of a physician to practice medicine based solely on the physician's recommendation to an eligible patient regarding, or prescription for, or treatment with an investigational drug, biological product, or device.

Senate Committee Amendment No. 2

Replaces everything after the enacting clause with the provisions of the introduced bill. Removes a penalty provision. Amends the Nursing Home Care Act. Provides that the requirements applicable to institutional review boards do not apply to investigational drugs, biological products, or devices used by a resident with a terminal illness as set forth in the Right to Try Act. Makes other changes.

Senate Floor Amendment No. 3

Makes a technical change.

Last Action

| Date | Chamber | Action |
|-----------|---------|-----------------------------|
| 4/16/2015 | House | Referred to Rules Committee |

SB 54

Short Description: INSURANCE-MAMMOGRAMS

Senate Sponsors

Sen. John G. Mulroe-Patricia Van Pelt-Michael E. Hastings-Pamela J. Althoff-Julie A. Morrison, Heather A. Steans, Mattie Hunter, William R. Haine, Kimberly A. Lightford, Dan Kotowski, Linda Holmes, Kwame Raoul, Jacqueline Y. Collins, James F. Clayborne, Jr., Terry Link, Steven M. Landek, Don Harmon, Michael Noland, Jennifer Bertino-Tarrant, Napoleon Harris, III, Ira I. Silverstein, Tim Bivins, Donne E. Trotter and David Koehler

House Sponsors

(Rep. Michael P. McAuliffe-Robyn Gabel-John D'Amico-Patricia R. Bellock)

Synopsis As Introduced

Amends the Illinois Insurance Code and the Health Maintenance Organization Act. Includes breast tomosynthesis in the definition of "low-dose mammography".

Senate Committee Amendment No. 2

Replaces everything after the enacting clause with provisions similar to the introduced bill with the following changes: States that "low-dose mammography" may include breast tomosynthesis (previously does include). Amends the Illinois Public Aid Code. Provides that screenings for breast cancer under the Code may include breast tomosynthesis. Defines "breast tomosynthesis". Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|-----------------------------|
| 4/15/2015 | House | Referred to Rules Committee |

SB 750

Short Description: INSURANCE-DENTAL SERVICE PLANS

Senate Sponsors

Sen. Michael E. Hastings-Linda Holmes-Wm. Sam McCann-Terry Link, Ira I. Silverstein-Jacqueline Y. Collins and Napoleon Harris, III

Synopsis As Introduced

Amends the Illinois Insurance Code. Provides that health plan issuers offering health plans through the State health insurance marketplace update their provider directory on a monthly basis. Provides that the information in provider directories shall be offered in a manner that accommodates individuals with limited English proficiency and with disabilities. Provides that, with respect to dental plans, a dentist listed is considered an active network participant from the location published in the provider directory only if the dentist has filed a claim for a patient enrolled with the dental plan at least once in the previous 3-month period. Amends the Dental Care Patient Protection Act. Provides that managed care dental plans must only list participating dentists who have filed a claim for an enrolled patient within the past 3 months. Makes conforming changes in the Dental Service Plan Act.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Insurance Code. Provides that insurers must list in the provider directory if a provider is accepting new patients at each of the specific locations listing the individual provider. Provides that any provider that has not been actively treating patients at a specific location within the last 6 months, or does not expect to in the next 6 months, shall no longer be listed in the provider directory at that specific location. Makes conforming changes in the Dental Care Patient Protection Act and the Illinois Dental Practice Act. Effective January 1, 2016.

Senate Floor Amendment No. 2

Replaces everything after the enacting clause with provisions similar to the amended bill with the following changes: In provisions of the Illinois Insurance Code concerning standardization of terms and coverage, provides that providers shall notify qualified health plans electronically or in writing of any changes to the information listed in the provider directory, and that qualified health plans shall update their directories with the new information within 10 business days after being notified of the changes (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months). In provisions of the Dental Care Patient Protection Act concerning the provision of information, provides that providers shall notify managed care dental plans electronically or in writing of any changes to the information listed in the provider directory, and that managed care dental plans shall update their directories with the new information within 10 business days after being notified of the changes (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months). In provisions of the Illinois Dental Practice Act concerning the prohibition of practice by corporations, provides that providers shall notify dental management service organizations electronically or in writing of any changes to the information listed in the provider directory, and that dental management service organizations shall update their directories with the new information within 10 business days after being notified of the changes (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months

anticipate to treat patients in the next 6 months). In provisions of the Illinois Dental Practice Act concerning advertisements, provides that health plans shall remove the provider from directories in accordance with standard practices within 10 business days after being notified electronically or in writing of the changes by the provider (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months). Effective January 1, 2016.

Senate Floor Amendment No. 3

Replaces everything after the enacting clause with provisions similar to the bill as amended by Senate Amendment No. 1 with the following changes: In provisions of the Illinois Insurance Code concerning standardization of terms and coverage, provides that providers shall notify qualified health plans electronically or in writing of any changes to the information listed in the provider directory, and that qualified health plans shall update their directories with the new information within 10 business days after being notified of the changes (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months). In provisions of the Dental Care Patient Protection Act concerning the provision of information, provides that providers shall notify managed care dental plans electronically or in writing of any changes to the information listed in the provider directory, and that managed care dental plans shall update their directories with the new information within 10 business days after being notified of the changes (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months). In provisions of the Illinois Dental Practice Act concerning the prohibition of practice by corporations, removes provisions requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months. In provisions of the Illinois Dental Practice Act concerning advertisements, provides that health plans shall remove the provider from directories in accordance with standard practices within 10 business days after the managed care plan is notified electronically or in writing of the changes by the provider (rather than requiring provider directories to remove providers that have not been actively treating patients at a specific location within the last 6 months or anticipate to treat patients in the next 6 months). Effective January 1, 2016.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 3/26/2015 | Senate | Placed on Calendar Order of 2nd Reading April 14, 2015 |

SB 1229

Short Description: INTERSTATE MEDICAL LICENSURE

Senate Sponsors

Sen. David Koehler-Neil Anderson

Synopsis As Introduced

Creates the Interstate Medical Licensure Compact Act. Provides that Illinois ratifies and approves the Interstate Medical Licensure Compact. The Compact provides that it will develop a comprehensive process that complements the existing licensing and regulatory authority of state medical boards and provides a streamlined process that allows physicians to become licensed in multiple states. The Compact provides for eligibility requirements, application requirements, fees, renewal requirements, information concerning investigation and discipline, and other procedures to implement the Compact.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 4/16/2015 | Senate | Placed on Calendar Order of 3rd Reading April 21, 2015 |

SB 1253

Short Description: MEDICAID-MANAGED CARE ENTITIES

Senate Sponsors

Sen. Iris Y. Martinez-Pamela J. Althoff-Jacqueline Y. Collins

House Sponsors

(Rep. Cynthia Soto)

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. In provisions concerning care coordination, provides that Managed Care Entities (MCEs), including MCOs and all other care coordination organizations, shall develop and maintain a written language access policy that sets forth the standards, guidelines, and operational plan to ensure language appropriate services and that is consistent with the standard of meaningful access for populations with limited English proficiency. Provides that the language access policy shall describe how the MCEs will provide all of the following required services: (1) translation (the written replacement of text from one language into another) of all vital documents and forms as identified by the Department of Healthcare and Family Services; (2) qualified interpreter services (the oral communication of a message from one language into another by a qualified interpreter); (3) staff training on the language access policy, including how to identify language needs, access and provide language assistance services, work with interpreters, request translations, and track the use of language assistance services; (4) data tracking that identifies the language need; and (5) notification to participants on the availability of language access services and on how to access such services.

Last Action

| Date | Chamber | Action |
|-----------|---------|-----------------------------|
| 4/14/2015 | House | Referred to Rules Committee |

SB 1315

Short Description: NURSE-COLLABORATION-PRESCRIBE

Senate Sponsors

Sen. Heather A. Steans-Terry Link-Dan Kotowski-Pat McGuire, Don Harmon, Melinda Bush, Emil Jones, III and Kimberly A. Lightford

Synopsis As Introduced

Amends the Nurse Practice Act. Eliminates the requirement for a written collaborative agreement for all advanced practice nurses. Eliminates the requirement for an anesthesia plan for certified registered nurse anesthetists. Removes references to a written collaborative agreement and anesthesia plan throughout the Act. Repeals certain Sections of the Act and a Section of the Podiatric Medical Practice Act of 1987 concerning written collaborative agreements. Amends various other Acts to make related changes. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 3/19/2015 | Senate | Postponed - Licensed Activities and Pensions |

SB 1331

Short Description: INS CD-COPAYMENTS

Senate Sponsors

Sen. Martin A. Sandoval

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 |
|-----------|---------|-----------------------|
| 2/25/2015 | Senate | Assigned to Insurance |

SB 1367**Short Description:** DHFS-MEDICAID-WAIVER PROPOSAL**Senate Sponsors**

Sen. Heather A. Steans

Synopsis As Introduced

Amends the Illinois Public Aid Code. Provides that the State shall not accept any special terms and conditions for federal approval of any research and demonstration project waiver proposal submitted to the U.S. Department of Health and Human Services on June 4, 2014 under Section 1115 of the Social Security Act without prior approval from the General Assembly. Provides that the State shall not make any changes or amendments to any research and demonstration project waiver proposal submitted to the U.S. Department of Health and Human Services on June 4, 2014 under Section 1115 of the Social Security Act without prior approval from the General Assembly. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Illinois Public Aid Code. Provides that the Department of Healthcare and Family Services shall convene a working group in consultation with the Office of the Governor to discuss the development of a revised proposal for the research and demonstration project waiver proposal submitted to the U.S. Department of Health and Human Services on June 4, 2014 under Section 1115 of the Social Security Act. Provides that the purpose of the working group shall be to provide input and advice to the Department and the Office of the Governor with regard to the development of the proposal to utilize a research and demonstration waiver. Contains provisions on the composition of the working group; meetings; and other matters. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 4/15/2015 | Senate | Placed on Calendar Order of 2nd Reading April 16, 2015 |

SB 1387**Short Description:** REPEALS HEALTH FAC PLANNING BD**Senate Sponsors**

Sen. William E. Brady

Synopsis As Introduced

Repeals the Illinois Health Facilities Planning Act and abolishes the Health Facilities and Services Review Board. Amends the Health Care Worker Self-Referral Act to transfer the Board's functions under that Act to the Department of Public Health. Amends various other Acts to eliminate references to the Board or the Act. Effective immediately.

Last Action

| Date | Chamber | Action |
|----------|---------|--|
| 3/4/2015 | Senate | To Subcommittee on Special Issues (HS) |

SB 1564

Short Description: HLTH CARE RIGHT OF CONSCIENCE

Senate Sponsors

Sen. Daniel Biss, Michael Noland-Julie A. Morrison, Heather A. Steans, William Delgado-Toi W. Hutchinson-Linda Holmes, Iris Y. Martinez-Kimberly A. Lightford, Jacqueline Y. Collins and Emil Jones, III

Synopsis As Introduced

Amends the Health Care Right of Conscience Act. Makes changes in the Section concerning findings and policy. Defines "access to care and information protocols" and "material information". Provides that notwithstanding any other law, a health care facility, or any physician or health care personnel working in the facility, may refuse to permit, perform, assist in, counsel about, suggest, recommend, refer for, or participate in health care services because of a conscience-based objection only if the refusal occurs in accordance with written access to care and information protocols designed to ensure that (1) the patient receives material information in a timely fashion; and (2) the refusal will not impair the patient's health by causing delay of or inability to access the refused health care service. Provides that nothing in the Act shall be construed to prevent a health care facility from requiring that physicians or health care personnel working in the facility comply with access to care and information protocols. Makes other changes in Sections concerning: (i) discrimination by employers or institutions; and (ii) liability.

Senate Committee Amendment No. 2

Makes a change in the Section concerning findings and policy. Provides that the amendatory provisions are applicable notwithstanding other provisions of the Health Care Right of Conscience Act or any other law (rather than "notwithstanding any other law").

Senate Floor Amendment No. 3

Replaces everything after the enacting clause. Reinserts the provisions of the bill as introduced, but with the following changes: In a provision defining terms: (i) removes the terms "access to care and information protocols" and "material information" and their corresponding definitions; and (ii) defines "undue delay" as unreasonable delay that causes impairment of the patient's health. Makes changes to a provision concerning the duty of physicians and other health care personnel. Removes a provision concerning the duty to enact and comply with access to care and information protocols and instead provides that all health care facilities shall adopt written access to care and information protocols that are designed to ensure that conscience-based objections do not cause impairment of patients' health and that explain how conscience-based objections will be addressed in a timely manner to facilitate patient health care services. Provides that certain protections under the Act only apply if conscience-based refusals occur in accordance with these protocols. Provides that the protocols must, at a minimum, address certain matters. Removes changes made to a provision concerning discrimination by employers or institutions. Adds a January 1, 2016 effective date.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 4/15/2015 | Senate | Placed on Calendar Order of 3rd Reading April 16, 2015 |

SB 1601

Short Description: NATUROPATHIC PHYSICIANS

Senate Sponsors

Sen. Iris Y. Martinez and Toi W. Hutchinson

Synopsis As Introduced

Amends the Medical Practice Act of 1987. Provides for the licensure of naturopathic physicians. Makes conforming changes in various other Acts. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 3/27/2015 | Senate | Rule 3-9(a) / Re-referred to Assignments |

SB 1677

Short Description: HOSPITAL-CLOSURE AND REOPENING

Senate Sponsors

Sen. Patricia Van Pelt

Synopsis As Introduced

Amends the Illinois Health Facilities Planning Act. Provides that the term "health care facilities" does not include a facility licensed as a hospital under the Hospital Licensing Act that reopens under new ownership at the same location within 36 months of the facility's closure. Amends the Hospital Licensing Act. Provides that any hospital that has closed for any reason, except for license revocation by the Department of Public Health for failure to comply with the Act, may reopen under new ownership or management, or both, within 3 years of its closing date without reapplying for a license under the Act if the facility is reopening at the same location and in the same physical structure. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|-------------------------|
| 2/20/2015 | Senate | Referred to Assignments |

SB 1754

Short Description: MEDICAID-SENSITIVE SERVICES

Senate Sponsors

Sen. Daniel Biss

Synopsis As Introduced

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that for all recipients of medical assistance who are enrolled in a Medicaid Managed Care Entity, information concerning sensitive health services, including information concerning consultations, examinations, and treatments, shall not be divulged directly or indirectly to any person, including by sending a bill for such services or by sending an explanation of benefits

provided by the Medicaid Managed Care Entity, unless the recipient who received the sensitive health services requests the information from the Medicaid Managed Care Entity. Provides that the term "Medicaid Managed Care Entity" includes, but is not limited to, Care Coordination Entities, Accountable Care Entities, Managed Care Community Networks, and Managed Care Organizations. Defines "sensitive health services". Provides that nothing in this provision shall be construed to relieve a Medicaid Managed Care Entity or the Department of Healthcare and Family Services of its duty to report incidents of sexually transmitted infections to the Department of Public Health or to the local board of health in accordance with regulations adopted under a statute or ordinance, or to report incidents of sexually transmitted infections as necessary to comply with certain requirements under the Abused and Neglected Child Reporting Act or as otherwise required by State or federal law. Effective immediately.

Senate Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that unless otherwise required by federal law, Medicaid Managed Care Entities shall not divulge, directly or indirectly, including by sending a bill or explanation of benefits, information concerning the sensitive health services received by enrollees of the Medicaid Managed Care Entity to any person other than providers and care coordinators caring for the enrollee and employees of the entity in the course of the entity's internal operations. Provides that the Medicaid Managed Care Entity may divulge information concerning the sensitive health services if the enrollee who received the sensitive health services requests the information from the Medicaid Managed Care Entity and authorized the sending of a bill or explanation of benefits. Provides that communications including, but not limited to, statements of care received or appointment reminders either directly or indirectly to the enrollee from the health care provider, health care professional, and care coordinators, remain permissible. Provides that the term "Medicaid Managed Care Entity" includes Care Coordination Entities, Accountable Care Entities, Managed Care Organizations, and Managed Care Community Networks. Provides that "sensitive health services" means mental health services, substance abuse treatment services, reproductive health services, family planning services, services for sexually transmitted infections and sexually transmitted diseases, and services for sexual assault or domestic abuse. Services include prevention, screening, consultation, examination, treatment, or follow-up. Provides that nothing shall be construed to relieve a Medicaid Managed Care Entity or the Department of any duty to report incidents of sexually transmitted infections to the Department of Public Health or to the local board of health in accordance with regulations adopted under a statute or ordinance or to report incidents of sexually transmitted infections as necessary to comply with the requirements under the Abused and Neglected Child Reporting Act or as otherwise required by State or federal law. Provides that the Department shall create policy in order to implement these requirements. Effective immediately.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 4/15/2015 | Senate | Placed on Calendar Order of 3rd Reading April 16, 2015 |

SB 1833

Short Description: PERSONAL INFO PROTECTION

Senate Sponsors

Sen. Daniel Biss-Michael E. Hastings-Julie A. Morrison-Jacqueline Y. Collins-Don Harmon, Toi W. Hutchinson, Ira I. Silverstein and Michael Noland

Synopsis As Introduced

Amends the Personal Information Protection Act. Expands the scope of information to be protected to include medical, health insurance, biometric, consumer marketing, and geolocation information. Requires notice of breaches of security to be provided to the Attorney General. Requires privacy policies to be posted.

Last Action

| Date | Chamber | Action |
|-----------|---------|--|
| 3/24/2015 | Senate | Placed on Calendar Order of 2nd Reading March 25, 2015 |

