Illinois Health and Hospital Association

END OF SESSION REPORT 2023

AUGUST 2023

State Budget, Public Finance, Medicaid

SB 250 (Sen. Elgie Sims/Rep. Jehan Gordon-Booth)
State Budget – Fiscal Year (FY) 2024
Public Act 103-0006
The state FY 2024 budget totals approximately $50.618 billion General Revenue Funds (GRF). It does not impose cuts to the Medicaid budget, including the Hospital Provider Fund. This budget is based on $50.717 billion in anticipated revenue funds during FY 2024. The agreement forged by Gov. JB Pritzker and Democratic legislative leaders includes making a full pension payment; appropriating $450 million to pay off the rail-splitter bond debt, which are from tobacco settlement bonds; and depositing $200 million in the Budget Stabilization Fund, also known as the Rainy Day Fund, which will surpass $2 billion for the first time.

The budget includes funding for the following items:

- FY 2023 supplemental transfer increase of $235 million from GRF funds to the Healthcare Provider Relief Fund.
- Funding for year four of the Healthcare Transformation Collaboratives.
- Reauthorizes $200 million in hospital transformation capital.
- Increased funding for the Illinois Poison Center by $250,000.
- $345 million increase for Medicaid prescription drugs through the Tobacco Settlement Fund.
- $75.5 million in grants to Safety Net Hospitals (SNHs) for workforce recruitment, retention, and development.
- $38.1 million in grants to SNHs to improve health equity, improve access to quality care, and reduce health disparities in underserved communities.
- $16.5 million in grants to a limited number of hospitals, finalizing the pandemic stabilization payments approved in the FY 2023 Lame Duck Session.
- Retains funding a pool of $50 million, to be disbursed among SNHs that maintain perinatal designation from the Illinois Dept. of Public Health (IDPH).
- Retains funding a pool of $10 million to non-public Critical Access Hospitals (CAHs) to preserve or enhance perinatal and OB/GYN services, behavioral healthcare, including substance use disorders (SUDs), other specialty services, as well as the expansion of telehealth services by the receiving hospital.
- Includes $3.5 million pool to public CAHs for perinatal and OB/GYN services, behavioral healthcare, including SUDs, other specialty services, as well as the expansion of telehealth services by the receiving hospital.

- Increased funding for the Health Benefits for Immigrant Adults (HBIA) and Health Benefits for Immigrant Seniors (HBIS) programs.

Effective Dates: Some provisions effective June 7, others effective July 1, 2023.

HB 3817 (Rep. Jehan Gordon-Booth/Sen. Elgie Sims)
Budget Implementation – Key Healthcare-Related Provisions
Public Act 103-0008

The budget implementation bill, also referred to as the BIMP, includes spending authority for items funded in the appropriations bill. There are many other initiatives in the BIMP that are not healthcare-specific issues. These are not included in this summary, but could impact the hospital community on an individual organizational level.

- Allows the Governor's Office of Management and Budget to make payments from the Tobacco Settlement Recovery Fund on bonds issued by the Railsplitter Tobacco Settlement Authority for the purpose of defeasing outstanding bonds. Defeasing the outstanding bonds will save the state $60 million and eliminate the debt, freeing up more revenue into the Tobacco Settlement Recovery Fund that is traditionally used in the Medicaid program.
- Removes the sunset of FY 2023 on prompt payment interest penalties for payments issued after June 30 to be paid in the next year's fiscal appropriation.
- Provides the Dept. of Healthcare and Family Services (HFS) authority to expend payments from the HFS Technology Initiative Fund for payments through the Health and Human Services' Innovation Incubator Project.
- Allows the Dept. of Human Services' (DHS) Office of Firearm Violence Prevention to award grants to Reimagine Public Safety grantees to provide services including behavioral health services, housing services and workforce development services.
- Requires HFS to seek federal approval to ensure the team-based model of care system to address trauma recovery from chronic exposure to firearm violence for Illinois adults may include various providers, such as hospitals.
- Requires state employee group insurance to cover infertility coverage services, effective Jan. 1, 2024.
- Requires state employee group insurance to cover on-label or off-label injectable medicines to improve glucose or weight loss in adults with certain diagnoses, effective Jan. 1, 2024.
- Creates the Opioid Remediation Services Capital Investment Grant Program under DHS. This program may issue capital improvement grants to units of local government and substance use prevention, treatment and recovery service providers addressing opioid remediation.
- Establishes the Home Illinois Program under DHS to focus on homeless prevention, emergency and transitional housing, rapid rehousing, outreach, capital investment and related services and supports for individuals at risk or experiencing homelessness.

- Requires the State Comptroller to direct the State Treasurer to transfer up to $1.5 billion in GRF to the State Coronavirus Urgent Remediation Emergency (CURES) Fund, at the direction of the Governor.
- Provides state agencies the autonomy to transfer up to 8% of their total appropriations between line items for purposes necessary to meet operational or lump sum obligations for FY 2024 only. For FY 2024, allows transfers among line item appropriations to a State agency from the same State treasury fund made for operational or lump sum expenses only, provided that the sum of such transfers for a State agency in State FY 2024 shall not exceed 8% of the aggregate amount appropriated to that State agency for operational or lump sum expenses in FY 2024.
- Requires the transfer of up to $10 million from the Insurance Producer Administration Fund to the Health Benefits Exchange Fund, for FY 2024 only, at the direction of the Director of Insurance (DOI).
- Creates the Breakthrough Therapies for Veteran Suicide Prevention Program Advisory Council to advise HFS on medication-assisted FDA-approved breakthrough therapies for veteran suicide prevention.
- Requires DHS to make FDA-approved formulations of Naloxone that are cleared through the Minnesota Multistate Contracting Alliance for Pharmacy available to eligible Drug Overdose Prevention Program participants and applicants and establishes that the manufacturer can set up a system for receiving, tracking and distribution.

Effective Dates: Some provisions June 7 and July 1, 2023, other provisions Jan. 1, 2024.

SB 1298 (Sen. Ann Gillespie/Rep. Robyn Gabel)
Medicaid Omnibus – Medicaid Hospital Rate Increase
Public Act 103-0102
The Medicaid Omnibus is a package of legislative initiatives spearheaded by the bipartisan, bicameral legislative Medicaid Working Group. Many of the initiatives in this omnibus originated as standalone legislation that was negotiated into the larger package. In total, this legislation includes 31 initiatives that impact the Medicaid program, including the IHA initiative of a Medicaid hospital rate increase.

Medicaid Hospital Rate Increase: This legislation was agreed to by IHA, HFS and the legislative Medicaid Work Group. SB 1298 makes the following changes:

- Includes a 10% across-the-board increase to hospital Medicaid base rates, effective Jan. 1, 2024.
- Increases the current SNH add-on payment from $57.50 to $210 per day and extends it to psychiatric inpatient days of care, effective Jan. 1, 2024. It also provides HFS the authority to implement the SNH per diem add-on for psychiatric services, either by a rate increase or by a separate payment.
- Provides HFS flexibility to reassign hospitals or hospital classes to a different class in the hospital assessment if payments exceed federal limits, i.e. Average Commercial Rate (ACR). Requires HFS to publish the criteria and composition of the new class and

projected impact on payments to each hospital under the new classes to their website by Nov. 15, before the Jan. 1 date the changes are effective.

- Removes the requirement that on Jan. 1, 2024, HFS must reduce each hospital's pass-through payment at the same ratio. Beginning Jan. 1, 2024, prohibits the reduction of SNHs' pass-through payments until pass-through payments to all other hospitals are eliminated.
- Increases the Poison Control Center's appropriation by $250,000 for FY 2024 through FY 2026.
- Extends the SNH add-on payment to include pediatric hospitals.
- Reduces the disparity in current inpatient psych rates, effective Jan. 1, 2024:
  - 10% increase to all current inpatient psych rates for SNHs and increases the rate floor from $630 to $693 per day.
  - 10% increase to all other hospitals' current inpatient psych rates and sets the rate floor at 90% of the SNH floor, or $624 per day.
- Supports rural CAHs by creating a $3.5 million pool for public CAHs. This pool will be similar to the previous CAH OB pool, but will be limited to publically-owned CAHs. Simultaneously, the previous CAH OB pool will remain at $10 million annually, but will be limited to non-public CAHs. This segregation makes administration of the funds easier for HFS and provides added consideration for the CAH community.
- Removes "subject to appropriation" language for the SNH psychiatric per diem rate floor, the $50 million SNH pool and the $10 million non-public CAH pool.
- Provides HFS with emergency rulemaking authority to implement these changes.

This legislation was originally filed by Sen. Ann Gillespie (SB 1763). Other parts of the legislation were filed in by Rep. Camille Lilly (HB 2292), Rep. Kam Buckner (HB 3220), Rep. Justin Slaughter (HB 3244), Sen. Kimberly Lightford (SB 2157) and Rep. Kelly Burke (HB 3675).

Emergency Rulemaking for Immigrant Coverage: Allows HFS emergency rulemaking authority for two years related to the immigrant senior and adult programs based on current statutory language. This rulemaking authority will allow the Department to limit enrollment, reduce available medical services or change eligibility standards in these programs. Effective Immediately.

Residential and Inpatient SUD Increases: Beginning CY 24, the General Assembly must appropriate sufficient funds to DHS to ensure reimbursement rates for licensed or certified SUD treatment providers of American Society of Addiction Medicine (ASAM) level 3 residential/inpatient services will be increased and adjusted upwards in each fiscal year by an amount equal to the Consumer Price Index-U (CPI-U), with no decrease if the CPI-U drops and no increase over 5%.

Beginning CY 2024, subject to federal approval, the Department and DHS' Division of Substance Use Prevention and Recovery (SUPR) must increase reimbursement rates for all ASAM level 3 residential/inpatient SUD treatment services by 30%. ASAM level 3.7 services may be provided

with a hospital license, while other level 3 services require a DHS-SUPR license. Authorizes DHS and HFS to implement emergency rules for implementation.

- Both ASAM provisions originally filed by Sen. Laura Fine (SB 1911).

Community Mental Health Providers: Beginning CY 2024, subject to federal approval, reimbursement rate increases are provided for community mental health providers, that are no less than the following targeted pool for each specified service: Mobile crisis response ($6.8 million), crisis intervention ($4 million), integrative assessment and treatment planning services ($10.5 million), group therapy ($1.2 million), family therapy ($500,000), community support group ($4 million) and medication monitoring ($3 million).

- Originally filed by Rep. Robyn Gabel and Sen. Elgie Sims. (HB 2173/SB 1831).

Community Behavioral Health Workgroup: In FY 2024, the Department must identify or establish a new Behavioral Health Outcomes Stakeholder Workgroup to support identification of metrics and outcomes, in order to redesign reimbursement rates that seek to introduce bundled payments for team-based services supporting individuals with complex behavioral health conditions and crisis services. In FY 2025, the Department must introduce a pay-for-performance model for these services, as informed by the Workgroup.

- The Department must engage stakeholders to develop a plan by April 1, 2024 for the regular collection of cost reporting for behavioral health services reimbursed under the Rehabilitation or Prevention authorities of the state plan and for entity-based SUD providers, to inform on the effectiveness and efficiency of rates.
- By April 1, 2024, the Department with input from DHS-SUPR, must submit a report to the General Assembly on access to treatment services and recovery supports for SUD.

Telehealth for Persons with Intellectual and Developmental Disabilities: Authorizes the Department to file an amendment to the Home and Community-Based Services Waiver Program for Adults with Developmental Disabilities (DD), to incorporate telehealth services by a provider of medical and emergency services for persons with intellectual and DDs. The Department must pay administrative fees to implement telehealth services for persons receiving waiver services. IHA staff met with proponents and collaborated to develop a favorable amendment in the 102nd General Assembly. The bill was reintroduced this year and passed with agreed upon language.

- Originally filed by Rep. Anna Moeller and Sen. Ram Villivalam (HB 2785/SB 1404).

Behavioral Health Professionals in FQHCs: By Jan. 1, 2024, subject to federal approval, the Dept. must develop billing policies that provide reimbursement to specific sub-clinical behavioral health professionals working under supervision at Federal Qualified Health Centers (FQHCs).

Applied Behavioral Analysis Services: Subject to federal approval, the Department must enroll qualified staff by Sept. 1, 2023 and provide reimbursement to perform applied behavior analysis services in advance of licensure activities performed by the Dept. of Financial and Professional Regulation (IDFPR). Services must be covered if they are provided in a home,

community or an office-based setting, and the Department may conduct annual on-site reviews of the services.

This legislation also changes the following:

- Allows a tax for a specialty care hospital that had a change of ownership in FY 2022 and has experienced a decline of at least 60% of inpatient days, beginning Jan. 1, 2024, and applicable from Jan. 1, 2024 to Dec. 31, 2026.
- Requires HFS to adopt policies to ensure rates for LARCs are not reduced by 4.4% of the list price.
- Allows international graduate physicians to apply for a limited licensure after Jan. 1, 2025, and requires IDFPR to adopt rules for a permanent licensure pathway.
- Requires an increase from $208 to $481 per day for the nursing home ventilator add-on.
- Requires the Medicaid managed care organization (MCO) quality withhold program to be reasonable and attainable. Requires four months notice of quality withhold measures and benchmarks before the start of the next calendar year. Requires 75% of quality withhold measures to be nationally recognized. Requires HFS to redistribute unearned withhold funds based on quality performance or toward quality and equity improvement projects.
- Provides parameters for Pharmacy Benefit Managers to conduct audits at pharmacies.
- Requires cognitive assessment and care planning services to individuals with cognitive impairment to be covered under Medicaid.
- Requires the Supportive Living Facility rate for dementia care to be no less than 1.5 times the rate for non-dementia care.
- Requires that encounter rates for FQHCs to be increased by a gross amount of $50.0 million over CY 2024.
- Requires the Specialized Mental Health Rehabilitation Facility (SMHRF) rate per day for single and dual room occupancy to be increased from $10.50 per day to $25.50 per day and requires the SMHRF rate per day for dual room occupancy to be increased from $4.50 per day to $14.50 per day.
- Requires a 20% increase for nursing services to non-waiver customers and private duty nursing for children.
- Requires a 12% rate increase for the support component of nursing home rates.
- Requires homemaker rates to be increased to $28.07 to sustain a $17 per hour wage for Direct Support Person (DSP) workers and requires in-home service providers to certify compliance and provide that other benefits shall not be reduced in relation to the rate increase.
- Requires a 14.2% rate increase for speech, physical and occupational therapies.
- Requires a monthly personal needs allowance (PNA) of $60 for nursing home residents.
- Requires rates for air ambulance to be at least 50% of the Medicare rate.
- Requires a 6% rate increase for intellectual disabilities/developmental disabilities (ID/DD) providers and medically complex/developmental disabilities (MC/DD) providers.

- Requires a 40% rate increase for ground ambulance providers not participating in Ground Emergency Medical Transportation (GEMT) supplemental payments.
- Increases the rate for adult day services to $16.84 per hour and transportation rates for adult day services to $12.44 per unit each way.
- Removes HFS from statute regarding rulemaking for nursing home discharges as it is duplicative of efforts that HFS is implementing with programs such as admission, discharge and transfer (ADT).
- Makes the administration of the human papillomavirus (HPV) vaccination for adults 46 and older subject to federal approval. As of today, neither the Food and Drug Administration (FDA) nor the Centers for Disease Control and Prevention (CDC) have recommended the HPV vaccine for this age group.
- Allows applications for new supportive living dementia care settings to have new non-dementia care units in addition to dementia care units if 1) there is no more than one non-dementia care unit for each dementia care unit or 2) the site is not located within four miles of another site in Cook or the collar counties or within 25 miles in any other county.
- Provides technical language clarifying that insurers cannot enroll individuals in a Medicare supplemental policy until their Medicaid coverage has lapsed and that individuals coming off Medicaid are eligible for a Medicare special enrollment period.

Effective Dates: Some provisions June 16 and July 1, 2023, other provisions Jan. 1, 2024.

HB 579 (Rep. Robyn Gabel/Sen. Ann Gillespie)
State-Based Exchange
Public Act 103-0103
This legislation would authorize the State of Illinois to seek approval to move off the federal insurance marketplace and create its own state-based exchange. The legislation seeks to have the exchange operational in time for plan year 2025. Under the proposal, the exchange will be operated under the DOI with significant input from HFS to ensure that there is seamless interoperability between the exchange and the Medicaid program. Through IHA's advocacy efforts, two key issues were addressed: (1) ensuring that there was an IHA representative on the newly created Illinois Health Benefits Exchange Advisory Committee and (2) ambiguous language that would have permitted the creation of certain insurance products, such as a Basic Health Program or Public Option plan, could be created without additional legislative approval. IHA will be actively engaged on this important issue as the State begins the planning and implementation process. The FY 2024 state budget also included a $10 million appropriation to help fund the start-up of this state-based exchange.
Effective Date: June 27, 2023

SB 1964 (Sen. Ann Gillespie); HB 2508 (Rep. Michelle Mussman)
Medicaid Program Change Six Month Implementation Lead
Both Bills Were Held in the House

The legislation would have created at least six month lead time for when Medicaid rate and program changes in legislation are effective. For example, if legislation with a reimbursement change became effective July 1, the state would implement the reimbursement change on Jan. 1 of the following year. The legislation also would have required HFS and Medicaid managed care plans to publish the implementation date of new benefits or reimbursement rates 120 days before implementation and would have required HFS to publish scheduled and periodic rate updates 30 days prior to the effective date. IHA met with stakeholders while SB 1964 was in the Senate and successfully negotiated an amendment to alleviate concerns before the bill was voted to the House. The House sponsor held both bills in the House.

HB 3496 (Rep. Kevin John Olickal)
Commercial Insurance Option to Buy Medicaid Plan
Held in the House
This bill would have allowed an individual covered by commercial insurance to purchase a health plan offered under the medical assistance program. Providers typically receive higher rates of reimbursement from individuals covered by commercial insurance and this legislation would have allowed those individuals to join a Medicaid plan with lower rates of reimbursement. The sponsor held the legislation.

Maternal/Child Health

HB 3 (Rep. Mary Flowers)
Decriminalize Pregnant and Postpartum SUD
Held in the House
This omnibus piece of legislation sought relief for pregnant and postpartum women suffering from SUD. As written, the legislation would have required a new notification procedure for newborns that tested positive for a controlled substance; began the process for developing a plan of safe care procedure; penalized mandated reporters who incorrectly reported cases of neglect; and removed criminal penalties for mothers who had a child born who tested positive for a controlled substance. Though IHA and the hospital community support the overall concept, there were significant concerns that the legislation was not fully thought out. The legislation would have placed additional burden and liability on providers, while also failing to provide adequate safeguards for the impacted newborn. Though this legislation did pass out of committee, through IHA's advocacy efforts it was not called for a vote in the House.

HB 1468 (Rep. La Shawn Ford)
Plans of Safe Care
Held in the House
The legislation sought to create a comprehensive approach in developing a plan of safe care for moms and babies who are suffering from a SUD. This multifaceted approach attempted to bring in various stakeholders across the state in developing a plan in which the mother could receive the needed treatment, while remaining with her child. The legislation would have also changed the definition of neglect to remove cases where a newborn tests positive for a controlled substance. While IHA and the hospital community support this concept, the legislation did not

address significant issues around access to services in certain parts of the state. Nor did it address ambiguity around what providers are responsible for in the process. The legislation ultimately received a subject matter hearing in committee; however, a vote was never taken. IHA is committed to working with the sponsors and stakeholders on both HB 3 and HB 1468 to identify a common sense solution that better serves mothers and babies in these situations.

HB 2820 (Rep. Mary Flowers/Sen. Adriane Johnson)
Maternity Training – Airway Emergencies
Public Act 103-0169
This legislation makes changes to the training requirements healthcare facilities must undertake in the care of pregnant and postpartum women. The legislation seeks to ensure that hospitals are regularly training their staff in how to care for pregnant women experiencing airway emergencies during childbirth. Through IHA's advocacy efforts, confusing language in the original version of the legislation was corrected and further amendments reduced unnecessary regulatory burden.
Effective Date: June 30, 2023

HB 2519 (Rep. Katie Stewart/Sen. Laura Murphy)
Human Breast Milk Information
Public Act 103-0160
This Act makes changes to require hospitals and other healthcare facilities that deliver babies to provide information and instructional materials to parents of each newborn about the option to voluntarily donate milk to non-profit milk banks that are accredited by the Human Milk Banking Association of North America. Through IHA's advocacy efforts, confusing language in the original legislation was clarified, the ability for hospitals to offer this material electronically was included, and hospitals without licensed obstetric beds were removed from this requirement.
Effective Date: Jan. 24, 2024

SB 67 (Sen. Laura Fine/Rep. Anna Moeller)
Metabolic Screening
Public Act 103-0368
The legislation would create a new test under the Newborn Metabolic Screening Act for metachromatic leukodystrophy. Under the proposal, IDPH would be required to test all newborns for metachromatic leukodystrophy within six months after meeting certain milestones. The legislation would also permit IDPH to assess a fee to hospitals for administering this screening test. Through IHA's advocacy efforts, language was added to the Public Aid Code to provide for the additional payment of this test to be covered by Medicaid for those babies born under the medical assistance program, subject to appropriation and federal approval.
Effective Date: Jan. 1, 2024

HB 439 (Rep. Lakesia Collins/Sen. Adriane Johnson)
DCFS – Youth in Care Plan
Public Act 103-0273

Supported by IHA, this bill creates the Illinois Youth in Care Timely Provision of Essential Care Act, requiring DCFS to develop a written strategic plan to address improving timely access to in-state residential treatment evidence-based alternatives to this treatment, and specialized foster care for DCFS Youth In Care who have significant emotional, behavioral, and medical needs. The strategic plan must permit stakeholder input and be published within a year of the effective date of the Act. Within six months after a related rate study is completed, the plan must be revised to incorporate the study's recommendations.
Effective Date: Jan. 1, 2023

Commercial Insurance

HB 3030 (Sen. Julie A Morrison/ Rep. Bob Morgan)
Insurance – Non Participating Providers
Public Act 103-0440
HB3030 amends the Illinois Insurance Code to allow for binding arbitration to determine payment for individual or batched items or services provided by non-participating providers at in-network facilities. Currently, payers and providers may only initiate binding arbitration for individual items or services. An initiative of ISMS, IHA also supported the bill.
Effective Date: Jan. 1, 2024

Administrative

SB 179 (Sen. Laura Murphy)
Metal Detectors
Held in the Senate
This legislation would have required hospitals to have metal detectors at each point of entry. Those entering via ambulance would be exempt from screening. IHA opposed this legislation citing high costs and operational challenges to implement such legislation. Furthermore, IHA argued such legislation would actually put patients at risk who might suffer undue injury while waiting in line for screening. The legislation was not called in committee.

HB 1540 (Rep. Camille Lilly/Sen. Julie Morrison)
Electronic Smoking Device
Public Act 103-0272
Supported by IHA, this bill is a public health measure that adds electronic cigarettes to the products that individuals are prohibited from smoking in virtually all public places and workplaces, including hospitals and other healthcare facilities.
Effective Date: Jan. 1, 2024

HB 2222 (Rep. Jennifer Gong-Gershowitz/Sen. Ann Gillespie)
Anti-Trust/Pre-Notification Filings with Attorney General's Office
Public Act 103-0526

This bill amends the Illinois Antitrust Act and the Health Facilities Planning Act. The Illinois Health Facilities Planning Act requires that the legal notice required to be published upon the completion of an application for a change of ownership shall also be sent to the Office of the Attorney General. The Antitrust Act requires that healthcare facilities that are party to a covered transaction must provide notice of such transaction to the Attorney General no later than 30 days prior to the transaction closing or effective date of the transaction. They can do this by filing a copy of their federal Hart-Scott-Rodino filing with the Attorney General (if applicable) or filing directly with the Attorney General. Provides that any subsequent request for additional information by the Attorney General, after its initial request for additional information, shall not further delay the covered transaction from proceeding. Provides that any healthcare facility that fails to comply with the notice requirement is subject to a civil penalty of not more than $500 per day for each day during which the healthcare facility is in violation of the requirement (after a 10 day cure period expires). When the Attorney General has reason to believe that a healthcare facility has engaged in or is engaging in a covered transaction without complying with the notice requirement, allows the Attorney General to apply for and obtain a temporary restraining order or injunction prohibiting the healthcare facility from continuing its noncompliance or doing any act in furtherance thereof. Repeals these provisions on Jan. 1, 2027.
Effective Date: Jan. 1, 2024.

HB 3129 (Rep. Mary Beth Canty/Senate President Don Harmon)
Equal Pay/Pay Scale and Benefits Job Postings
Public Act 103-0539
Amends the Equal Pay Act of 2003. IHA, along with other stakeholders, heavily negotiated this bill to ensure that it can be successfully implemented by employers. Additional provisions will be provided through rulemaking, which IHA will also participate in. Meanwhile, this bill provides that an employer with 15 or more employees must include the pay scale for a position in any job posting. Provides that if an employer engages a third party to announce, post, publish, or otherwise make known a job posting, the employer shall provide the pay scale and benefits, or a hyperlink to the pay scale and benefits, to the third party and the third party shall include the pay scale and benefits, or a hyperlink to the pay scale and benefits, in the job posting. Defines "pay scale." Provides that an employer shall announce, post or otherwise make known all opportunities for promotion to all current employees no later than the same calendar day that the employer makes an external job posting for the position. The provisions requiring the posting of pay scale and benefits only applies to positions that will be physically performed, at least in part, in Illinois, or positions that will be physically performed outside of Illinois, but the employee reports to a supervisor, office, or other work site in Illinois. Provides that an employer or employment agency shall disclose to an applicant for employment the pay scale and benefits to be offered for the position prior to any offer or discussion of compensation and at the applicant's request, if a public or internal posting for the job, promotion, transfer, or other employment opportunity has not been made available to the applicant. Provides that an employer shall make and preserve records that document the pay scale and benefits for a position. Provides that the Dept. of Labor, during its investigation of a complaint, shall make a determination as to whether a job posting is not active by considering the totality of the

circumstances, including, but not limited to: (i) whether a position has been filled; (ii) the length of time a posting has been accessible to the public; (iii) the existence of a date range for which a given position is active; and (iv) whether the violating posting is for a position for which the employer is no longer accepting applications.
Effective Date: Jan. 1, 2025

HB 3516 (Rep. Nabeela Syed/Sen. Ram Villivalam)
Employee Organ Donation
Public Act 103-0450
This bill adds human organs to applicable donations that would qualify for employee leave, if an individual is employed by a unit of local government, board of election commissioners, or any private employer with 51 or more employees. Employees may use up to 10 days of leave in any 12-month period to serve as an organ donor.
Effective Date: Jan. 1, 2024

Health Care Licensing

HB 559 (Rep. Bob Morgan/Sen. Suzie Glowiak Hilton)
Health Care Workforce Reinforcement Act
Public Act 103-0001
This critical piece of legislation makes significant changes to various regulatory policies in response to the end of the COVID-19 Public Health Emergency (PHE) and ultimately became the first Public Act of the 103rd General Assembly. As it pertains to hospitals, the Act creates a path for those healthcare workers who have been practicing under temporary COVID-19 licenses to continue to practice under the temporary permit until May 11, 2024, as long as they apply for permanent licensure by July 11, 2023. A similar process was created for those individuals who returned to practice under a temporary reissued provider license. In addition, the legislation permanently authorizes a pharmacist to provide certain treatments, such as COVID-19 and influenza vaccines, under their scope of practice, while also providing that insurance carriers cover those services. This IHA-supported and negotiated legislation was a key component to the end of the PHE to ensure that Illinois did not lose needed healthcare providers who have been serving diligently since 2020. For further information please review this comprehensive IHA memo.
Effective Date: April 27, 2023

HB 3206 (Rep. Tony McCombie/Sen. Paul Faraci)
IDFPR Electronic Credentials
Public Act 103-0180
This legislation requires IDFPR to supplement all paper-based certificates and licenses with a digitally verified electronic credential by Jan. 1, 2024. IHA supported this legislation that will reduce regulatory burden, which members have expressed is a barrier to getting providers employed and starting to practice within their facilities.
Effective Date: June 30, 2023

HB 3338 (Rep. Theresa Mah); SB 2314 (Sen. Celina Villanueva)
Safe Patient Limits (Nurse Staffing Ratios)
Held in the House and the Senate
If it had been enacted, this legislation would have created the Safe Patient Limits Act outlining mandatory staffing ratios, the maximum number of patients that may be assigned to a registered nurse; required hospitals to adopt written policies for training and orientation; and the established recordkeeping requirements prone to IDPH audits that could include up to a $25,000 penalty per violation. IHA strongly opposes staffing ratios as they do not account for a patient's care needs or the experience of a registered professional nurse. California is the only state with long-time staffing ratios, and does not demonstrate improved patient outcomes in comparison to Illinois. Alongside Illinois, this legislative season has seen ratio legislation introduced in Connecticut, Massachusetts, Minnesota, New Jersey, New York and Oregon. IHA continues to support hospitals with the implementation of the Nurse Staffing Improvement Act to demonstrate hospital commitment to implement staffing by acuity.

SB 1617 (Sen. Julie Morrison/Rep. Martin Moylan)
HC Professional Credentialing
Public Act 103-0096
This legislation makes changes to the Health Care Professional Credentials Data Collection Act. Under the changes, a hospital must undertake re-credentialing of their providers at least every three years, instead of every two years. This IHA-supported legislation was introduced in response to the changes made in the re-credentialing process by a major credentialing body. Without this statutory change, many facilities would have been required to complete duplicative and unnecessary re-credentialing of their providers.
Effective Date: June 30, 2023

Behavioral Health

HB 1364 (Rep. Will Guzzardi/Sen. Laura Fine)
9-8-8 Task Force
Public Act 103-0105
Supported by IHA, this bill creates the 9-8-8 Suicide and Crisis Lifeline Workgroup to review data, cost projections and geographic needs from the first year of operations. The workgroup will then provide recommendations to sustainably implement and monitor progress of the lifeline and related crisis response services by Dec. 31, 2023. Also, the effective date of the Community Emergency Services and Supports Act is extended until July 1, 2023, providing additional time for Statewide and Regional Advisory Committees to implement behavioral health crisis response protocols and delaying a community mental health provider prohibition from initiating involuntary commitment. The bill also ends the state Mental Health Parity Working Group, transitioning long-term responsibility to DOI and HFS to create and maintain the template for MCOs' and commercial payers' annual reporting on behavioral health coverage parity compliance, which has resulted in several commercial payer violations and fines since implemented. IHA collaborated to develop a favorable amendment that requires the

Departments to annually post the payers' reporting format, providing transparency of agency oversight and state compliance with federal law.
Effective Date: June 27, 2023

HB 2077 (Rep. Dave Vella/Sen. Steve McClure)
Flexibility in E-Prescribing
Public Act 103-0425
Though mostly focused on changes to the Dental Practice Act, related to hospitals, this legislation makes important updates to the Illinois Controlled Substances Act pertaining to non-electronic prescriptions. The changes include increasing the number of prescriptions that a provider can write and still be exempt from the electronic prescribing requirement, as well as creates a list of broad conditions in which providers can be exempt from electronic prescribing under certain circumstances. Through IHA's advocacy efforts, technical changes were made to the final piece of legislation that ensured providers had the most flexibility available under the proposal. A detailed IHA memo on this legislation is forthcoming.
Effective Date: Jan. 1, 2024

HB 2102 (Rep. Terra Costa Howard/Sen. Suzy Glowiak Hilton)
Health Care Worker Background Check Act
Public Act 103-0428
This Act makes changes to the Health Care Worker Background Check Act. Under the provisions of this new law, a healthcare employer or long-term care facility hiring individuals convicted of committing or attempting to commit various specified offenses already in law is now expanded to substantially equivalent offenses in other states or under federal law. Such offenses must be verified by court records, records from a state agency, or a Federal Bureau of Investigation (FBI) criminal history background check. Further, the amendatory language requires livescan fingerprint vendors to be licensed by IDFPR, with fingerprints submitted under this Act to be checked against Illinois State Police (ISP) and FBI databases, including civil, criminal, and latent databases. ISP will be required to forward all positive Illinois convictions to the appropriate agency, as well as forward all fingerprints to the FBI and request a national criminal history check. Through IHA's advocacy efforts, confusing and operationally challenging aspects of the underlying legislation were removed and a more reasonable and streamlined version was ultimately passed.
Effective Date: Jan. 1, 2024

HB 2365 (Rep. Lindsey LaPointe/Sen. Karina Villa)
Social Work – Exam Alternate
Public Act 103-0433
HB2365permits replacing the licensure exam for clinical social workers and social workers with supervised professional experience of at least 3,000 hours over a 10 year period for applicants who have taken but not successfully completed an exam within five years before the effective date of the Act. For implementation, employers may consider whether social workers are expected to achieve their licensing exam to apply or continue working for the organization, while examining access to malpractice liability insurance and third-party reimbursement.

Effective Date: Jan. 1, 2024

HB 2847 (Rep. Lindsey LaPointe/Sen. Laura Fine)
Insurance – Mental Health Care Access
Public Act 103-0535
Beginning CY 2025, this bill requires one annual mental health prevention and wellness visit of up to one hour at no cost to the individual to be covered by commercial health insurers, insurance coverage for state, county and municipal employees, and employees covered under the School Code. Subject to appropriation, IDPH must carry out a public educational campaign on the importance of mental health and wellness, including the expanded coverage of mental health treatment.
Effective Date: Aug. 11, 2023

HB 3230 (Rep. Lindsey LaPointe/Sen. Laura Fine)
Behavioral Health Crisis Care
Public Act 103-0337
Subject to appropriation, this bill requires the DHS Division of Mental Health (DHS-DMH) to use an independent third-party expert to conduct a cost analysis associated with developing and maintaining the statewide continuum of behavioral health crisis response services. DHS-DMH must submit an action plan to the General Assembly on these activities within a year of the Act's effective date. DHS-DMH and HFS are also required to convene a stakeholder working group immediately following the Act's effective date to develop recommendations that support a cohesive behavioral health crisis response system. In addition, DHS-DMH is required to examine expanding the definition and eligibility of Engagement Specialists under the Division's Crisis Care Continuum Program.
Effective Date: July 28, 2023

SB 724 (Sen. Sara Feigenholtz/Rep. Lindsey LaPointe)
Children Behavioral Health Services
Public Act 103-0546
Supported by IHA, the bill implements select recommendations from the *Blueprint for Transformation: A Vision for Improved Behavioral Healthcare for Illinois Children*, by formally establishing a children's behavioral health services team between six state agencies, and an associated care portal for children's behavioral health service access. IHA advocacy action led to a favorable amendment that expanded care portal criteria that prioritizes case reviews from hospitals, following months of hospitals piloting the portal and providing feedback to the administration. DHS, in coordination with other agencies, is required to develop training on the portal's use for stakeholders, including hospital social workers. DHS must also establish temporary emergency placements for youth in crisis, while residential providers will be newly required to submit data on capacity, staffing and occupancy to the state.
Effective Date: Aug. 11, 2023

SB 855 (Sen. Laura Fine/Rep. Lindsey LaPointe)
Employee – Material Obstruction

Public Act 103-0076
The bill adds material obstruction of an investigation to the reasons that healthcare employers, including hospitals, may not hire or retain an unlicensed staff member. The prohibition also applies to a mental health facility or agency that is licensed, certified, operated or funded by DHS under the Mental Health and Developmental Disabilities Administrative Act. Material obstruction of an investigation is defined as the purposeful interference with an investigation of physical abuse, sexual abuse, mental abuse, neglect, or financial exploitation, with examples provided. Expands powers for DHS' Inspector General that pertain to material obstruction of an investigation by an employee of a state mental health or developmental disabilities facility or a community agency.
Effective Date: June 9, 2023

SB 1913 (Sen. Laura Fine/Rep. Jenn Ladisch Douglass)
Insurance – Health/Telehealth Services
Public Act 103-0243
This bill requires HFS and Medicaid MCOs to cover mental health and SUD treatment via telehealth provided by community mental health centers, behavioral health clinics, SUD treatment programs, or other facilities or providers licensed or certified by DHS-DMH or Substance Use Prevention and Recovery. Reimbursement must be at parity with in-person care, while originating site reimbursement for these facilities is permissive. Coverage protections largely mirror those under the Insurance Code for commercial payers that must cover telehealth, although HFS and MCOs are permitted to establish limits on the use of telehealth for a particular service, when limits are consistent with generally accepted standards of behavioral healthcare.
Effective Date: Jan. 1, 2024

SB 1915/HB 3417 (Sen. Robert Martwick/Rep. Justin Slaughter)
Mental Health – Court Jurisdiction & DHS Facility Admission
Held in the House and the Senate
This bill would have permitted a person charged with a felony to be civilly committed to a private hospital for inpatient mental health treatment, while simultaneously permitting the DHS' hospitals to deny treatment to the same patients without cause, unless ordered to be treated by the agency to restore fitness under the Code of Criminal Procedure of 1963. IHA met with the proponents to give details regarding our concerns. The sponsor held the legislation.

EMS Systems/Regulation

HB 1595 (Rep. Ann Williams/Sen. Bill Cunningham)
EMS Systems – Dispute Resolution
Public Act 103-0521
This legislation amends the Emergency Medical Services (EMS) System Act to allow EMS providers interviewed or investigated by IDPH or the System EMS Medical Director the right to union representation or legal counsel. It also outlines new provisions concerning EMS System suspensions and requires that IDPH and EMS System suspensions run concurrently. Finally, this

bill requires representation from labor organizations on the Regional EMS Advisory Committees. Initial versions of this bill attempted to strip the state's EMS System Medical Directors of their authority as delegated under the EMS Systems Act, primarily as it related to the EMS provider suspension process. However, IHA collaborated with IDPH to develop a favorable amendment.
Effective Date: Jan. 1, 2024

HB 2238 (Rep. Barbara Hernandez/Sen. Laura Ellman)
EMS Systems – Stroke Centers
Public Act 103-0149
Supported by IHA, this legislation provides for the designation of a new level of hospital stroke care by IDPH. Depending on the nationally recognized certifying body used by the hospital seeking this new designation, it is referred to as one of the following:

- Primary Stroke Center Plus – DNV Healthcare Accreditation Services
- Thrombectomy Capable Stroke Center – The Joint Commission
- Thrombectomy Ready Stroke Center – Accreditation Commission for Health Care

A Primary Stroke Center Plus, Thrombectomy Capable Stroke Center, and Thrombectomy Ready Stroke Center offer a higher level of care than the existing Primary Stroke Center designation but below the Comprehensive Stroke Center, recognized as the highest level of stroke care. Hospitals are not required to obtain this designation but can choose to do so if they wish.
Effective Date: Jan. 1, 2024

SB 761 (Sen. Kimberly Lightford/Rep. Lakesia Collins)
Regulation Tech – EMS Training and Recruitment
Public Act 103-0547
This bill provides various solutions to address Illinois's shortage of EMS providers. Creates the EMT Training, Recruitment, and Retention Task Force to address the impact of the EMS provider shortage on the state's EMS and healthcare system, as well as barriers to the training, recruitment, and retention of EMS providers. Among several other stakeholders, this Task Force shall include three hospital representatives, including one SNH representative and one rural hospital representative, along with two EMS Medical Directors from a Regional EMS Medical Directors Committee.

Additionally, this bill outlines requirements and standards for the implementation of the following alternative staffing models by private, nonpublic local ambulance companies:

- Allows for the use of an Emergency Medical Responder (EMR) for Basic Life Support (BLS), Advanced Life Support (ALS), and Tier III Critical Care transports, as approved by the EMS System Medical Director.
- During interfacility transports, allows private ambulances to upgrade to a higher level of care onsite when an ambulance assist vehicle with the appropriate equipment and personnel arrives at the sending facility to intercept the licensed ambulance.

- Allows EMS providers to work for another EMS system for up to two weeks, as approved by the EMS System's Medical Director.

Effective Date: Aug. 11, 2023

SB 1306 (Sen. Doris Turner)
EMS Systems – Body and Dash Camera
Held in the Senate
This legislation would have required all EMS personnel and emergency response vehicles across Illinois to be equipped with body and dashboard cameras, provided and paid for by the employer or owner of the EMS provider agency. Additionally, this bill would have required body and dashboard cameras be operational during all service calls, with recordings retained for at least six months and exempt from disclosure under the Freedom of Information Act, except under the outlined circumstances. The bill drew strong opposition and did not advance.

Hospital Financial Assistance, Billing and Property Tax

HB 2609 (Rep. Jed Davis)
Hospital Price Transparency
Held in the House

HB 2609 would have created the Hospital Price Transparency Act. All hospitals and ambulatory surgical treatment centers would have been required to make specific information public, including standard charges and shoppable services. The bill largely mirrored requirements under federal hospital price transparency requirements, and would have resulted in duplicative reporting on behalf of hospitals. IHA met with the sponsor to explain the duplicative nature of the requirements and gave details regarding our concerns. The sponsor agreed to hold the bill.

HB 2719 (Rep. Dagmara Avelar/Sen. Robert Peters)
Fair Patient Billing – Screening
Public Act 103-0323
HB 2719 amends the Fair Patient Billing Act to require hospitals to screen uninsured patients, upon the patient's agreement, for public insurance eligibility or hospital financial assistance at the earliest reasonable moment. HB 2719 also amends the Hospital Uninsured Patient Discount Act to allow hospitals to refer patients that decline applying for public health insurance based on immigration-related concerns to a free, unbiased resource to address the patient's concerns and assist in enrolling the patient in a public health insurance program. The Community Benefits Act was also amended to require applicable nonprofit hospitals to report the number of uninsured patients who declined or failed to respond to the required screening under the Fair Patient Billing Act, as well as the five most frequent reasons for declining.

The original language of HB 2719 included a ban on the sale of medical debt; provided patients with a private right to action if they were not properly screened for financial assistance or public insurance; imposed new annual training requirements on hospital staff; and made it more difficult to begin the billing process for insured patients. IHA met with the sponsor and

stakeholders, including the Illinois Coalition for Immigrant and Refugee Rights, and negotiated these provisions out of the bill.
Effective Date: Jan. 1, 2024: Hospital responsibility begins July 1, 2024.
IHA will provide further guidance on this legislation in the coming weeks.

HB 3955 (Rep. Camille Lilly/Sen. Mattie Hunter)
Hospitals – ER Copay
Public Act 103-0213
HB 3955 amends the University of Illinois Hospital Act and the Hospital Licensing Act, ensuring hospitals organized or licensed under these acts do not require a patient in the hospital's emergency room to pay a copayment before receiving treatment in a medical emergency. IHA put forth an amendment to align HB 3955 with federal requirements under the Emergency Medical Treatment and Labor Act (EMTALA), which requires hospitals not to delay providing appropriate medical screening exams or further necessary medical treatment for a patient in a hospital's emergency room in order to inquire about the individual's method of payment or insurance status. This amendment was adopted with no substantive changes to hospital operations.
Effective Date: Jan. 1, 2024

SB 1819 (Sen. Ann Gillespie)
Property Tax – Hospitals
Held in the Senate
This bill would have required the county assessor to publish the assessed value of all property that qualifies for a hospital property tax exemption, as well as the estimated property tax liability for that property. The bill also removed unreimbursed education costs, including unreimbursed expenses for medical research and residency training, from the test for proving tax exemption. IHA held two meetings with the sponsor, hospital representatives and a hospital property tax exemption expert to educate the Senator on the historical background of property tax exemption for hospitals and the work hospitals do to earn their exemption. Following these meetings, the sponsor agreed to hold the bill this year.

Patient Care

SB 333 (Sen. David Koehler)
Assault Survivor Reporting
Held in the House
SB 333 would have modified law enforcement notification requirements when a patient presenting in the emergency department discloses or reasonably appears to be a sexual assault survivor age 13 or older. There were no changes to obligations of mandated reporters under the Abused and Neglected Child Reporting Act, the Adult Protective Services Act, and the Abused and Neglected Long Term Care Facility Residents Reporting Act. Several lawmakers voiced concerns that this bill would inadvertently harm sexual assault survivors who may not have the confidence, resources or support to report their assault to law enforcement after

leaving the hospital. Additionally, stakeholders from Children's Advocacy Centers of Illinois testified that this bill may delay care for pediatric or adolescent sexual assault victims.

SB 2322 (Sen. Jil Tracy/Rep. Charles Meier)
Creates the Essential Support Person Act
Public Act 103-0261
Provides that a resident or the resident's representative may designate a primary essential support person and a secondary essential support person who may visit the resident despite general visitation restrictions imposed on other visitors. This is provided that the primary essential support person or secondary essential support person complies with any rules adopted by IDPH to protect the health, safety and well-being of residents. Tasks the Department with establishing a statewide policy for visitation with a resident. Requires the Office of State Long Term Care Ombudsman to perform specified duties. Contains other provisions. IHA successfully advocated to include language clarifying that the definition of "facility" does not include a hospital or any facility that IDPH or the Department of Veterans' Affairs does not regulate.
Effective Date: June 30, 2023

Immigration

HB 1570/SB 122 (Rep. Elizabeth "Lisa" Hernandez/Sen. Omar Aquino)
Medicaid Coverage Non-citizens
Held in the House and the Senate
Building upon previous coverage for ages 42 and up, this bill would have expanded Medicaid coverage to non-citizens ages 19-41 who would otherwise be eligible for Medicaid if not for their citizenship status. The income limits would have been at or below the federal poverty limit (FPL) plus 5% for applicable family size. While this expansion did not pass, the state budget (SB 251) allocated additional funding above the FY 2024 introduced amount for this program. Additionally, the Governor and HFS got additional emergency rulemaking power in the Medicaid Omnibus (SB 1298) over HBIA and HBIS for two years to potentially limit enrollment, reduce available services, or change eligibility standard in order to reduce program costs.

HJR 13 (Rep. Maurice West/Sen. Steve Stadelman)
Limited English Proficiency Healthcare Task Force
Adopted by Both Houses
This Joint Resolution created a Statewide Task Force on Limited English Proficient Patient Access to Quality Interpreter Services to provide recommendations regarding access to quality interpreting services for Limited English Proficiency (LEP) patients. IHA negotiated with stakeholders to amend the legislation for the Task Force to include a voting member from a statewide association that advocates on behalf of a majority of hospitals and healthcare providers in order to contribute to recommendations on behalf of members.

Legal

HB 219 (Rep. Jay Hoffman/Senate President Don Harmon)
Wrongful Death
Public Act 103-0514
This bill amends the Wrongful Death Act to allow the recovery of punitive damages. IHA successfully advocated to include language clarifying that punitive damages are not available in an action against a unit of local government or an employee of a unit of local government in his or her official capacity, as well as that punitive damages are not available in an action for healing art malpractice or legal malpractice.
Effective Date: Aug. 11, 2023

HB 1137 (Rep. Dan Caulkins)
Medical Records/Code of Civil Procedure
Held in the House
This bill would have amended the Code of Civil Procedure to require a healthcare facility or healthcare practitioner to: (1) notify patients in writing within three business days when the healthcare facility or healthcare practitioner altered the patient's record; (2) provide an electronic copy of an altered record within seven calendar days of the receipt of a written request by a patient; and (3) for any healthcare facility that accepts Medicaid, upon written request, provide an electronic copy of an altered record within four business days. Failure to comply with the time limit requirements would have resulted in a rebuttable presumption that the healthcare record was altered to fraudulently conceal a failure to meet the applicable standard of care. IHA was prepared to advocate against this bill; however, since the bill was held in the House Rules Committee, no action was required.

HB 1363 (Rep. Will Guzzardi/Sen. Karina Villa)
Gender Violence
Public Act 103-0282
This bill amends the Gender Violence Act. Changes the definition of "gender-related violence" to also mean domestic violence. IHA, along with other stakeholders, successfully advocated to limit employers' liability only to gender-related violence that occurs: (i) while the employee was directly performing the employee's job duties and the gender-related violence (rather than the performance of the job duties) was the proximate cause of the injury; or (ii) while the agent of the employer was directly involved in the performance of the contracted work and the gender-related violence (rather than the performance of the contracted work) was the proximate cause of the injury. Employer liability in other provisions are notwithstanding the requirements of items (i) and (ii) and other specified provisions.
Effective Date: Jan. 1, 2024

HB 2248 (Rep. Kelly Cassidy/Sen. Robert Peters)
Civil Rights Remedies Restore
Public Act 103-0150

Creates the Civil Rights Remedies Restoration Act. Provides that certain violations of federal Acts, including, but not limited to, the Rehabilitation Act of 1973, the Patient Protection and Affordable Care Act, and the Americans with Disabilities Act of 1990, or other federal statutes prohibiting discrimination under a program or activity receiving federal financial assistance, constitute a violation of the Act. Provides that whoever injures another by a violation of the Act is liable for each and every offense for all remedies available at law, including, but not limited to, various damages in an amount no less than $4,000, and attorney's fees, costs, and expenses. Allows a court to grant as relief any permanent or preliminary negative or mandatory injunction, temporary restraining order, order of declaratory judgment or other relief.
Effective Date: Jan. 1, 2024

SB 1909 (Sen. Celina Villanueva/Rep. Terra Costa Howard)
Amends the Consumer Fraud and Deceptive Business Practices Act
Public Act 103-0270
Amends the Consumer Fraud and Deceptive Business Practices Act. Prohibits a limited services pregnancy center from engaging in unfair methods of competition or unfair or deceptive acts or practices: (1) to interfere with or prevent an individual from seeking to gain entry or access to a provider of abortion or emergency contraception; (2) to induce an individual to enter or access the limited services pregnancy center; (3) in advertising, soliciting, or otherwise offering pregnancy-related services; or (4) in conducting, providing, or performing pregnancy-related services. IHA successfully advocated to exempt hospitals and their affiliates from the definition of a limited services pregnancy center. This change does not affect hospitals.
Effective Date: July 27, 2023

Medical Records/Data Access

HB 1434 (Rep. Patrick Windhorst/Sen. Dale Fowler)
Medical Records/Juvenile Court Act
Public Act 103-0124
Amends the Juvenile Court Act of 1987 by making changes concerning the admissibility of hospital or public or private agency records in an adjudicatory hearing concerning an abused, neglected, or dependent minor. Specifically, this bill requires the court to find that the document was made in the regular course of the business of the hospital or agency (instead of that the document was made in the regular course of the business of the hospital or agency and that it was in the regular course of such business to make it). Additionally, it eases the medical record certification process (which IHA supported) by: (1) providing that a certification by an agent (in addition to the head or responsible employee) of the hospital or agency attesting that a record satisfies specified conditions shall be prima facie evidence of the facts contained in such certification; and (2) deleting language requiring that a certification by someone other than the head of the hospital or agency must be accompanied by a photocopy of a delegation of authority signed by both the head of the hospital or agency and by such other employee.
Effective Date: Jan. 1, 2024

HB 2039 (Rep. Anna Moeller/Sen. Karina Villa)

Creates Access to Public Health Data Act
Public Act 103-0423
Creates the Access to Public Health Data Act. Provides that IDPH, DHS and the Dept. of Children and Family Services (DCFS) shall execute a single master data use agreement that includes all data sets and is in accordance with the applicable laws, rules, and regulations pertaining to the specific data requested by local Illinois health departments. Provides that the State department or agency may require the names of any authorized users who will access or use the data provided. Provides that any data shared between State departments and agencies that is requested by a certified local health department must be reviewed and approved by the State department or agency providing the data to ensure that all disclosures are made in accordance with procedures set forth in the data use agreements.
Effective Date: Jan. 1, 2024

HB 3603 (Rep. Ann M. Williams)
Health Data Privacy Act
Held in the House
Amends the Protect Health Data Privacy Act. Provides that a regulated entity shall disclose and maintain a health data privacy policy that, in plain language, clearly and conspicuously discloses specified information. Provides that a regulated entity shall prominently publish its health data privacy policy on its website homepage. Provides that a regulated entity shall not collect, share, sell, or store categories of health data not disclosed in the health data privacy policy without first disclosing the categories of health data and obtaining the consumer's consent prior to the collection, sharing, selling, or storing of such data. Prohibits the collection, sharing, selling, or storing of health data. Describes the regulated entity's duty to obtain consent; the consumer's right to withdraw consent; prohibitions on discrimination; prohibitions on geofencing; a private right of action; enforcement by the Attorney General; and conflicts with other laws. Makes other changes.

SB 41 (Sen. Sara Feigenholtz)
Nurse Licensure Compact
Held in the Senate
This legislation would have amended the Nurse Practice Act to ratify and approve the Nurse Licensure Compact, which allows for the issuance of multistate licenses. A multistate license would permit a nurse to practice in Illinois and other compact states and a compact state nurse to practice in Illinois without having to apply for additional practice licenses. It is a comprehensive bill that includes all necessary key provisions and aligns with the legislation enacted in the 39 current compact states.

SB 188 (Sen. Steve McClure/Rep. C.D. Davidsmeyer)
Medical Records/Consent by Minors to Health Care Services Act
Public Act 103-0474
This bill permits a parent who consents to a child's healthcare service to be entitled to that part of the child's record related to the specified service, if requested. The bill clarifies that each appointment, referral, test, procedure or other medical intervention is a separate and distinct

service. IHA successfully negotiated this language to ensure that parental consent rights align with Illinois' prior repeal of parental consent/notification of minor's reproductive health choices, as well as that the scope of parents' access to minors' medical records is appropriate.
Effective Date: Jan. 1, 2024

HB 2077 (Rep. Dave Vella/ Sen. Steve McClure)
Dental – Various
Public Act 103-0425
Provides specific circumstances for when a prescriber is not be required to issue prescriptions electronically, including low-volume prescribers. Additionally, those making a good faith effort to comply, but continue to be unable to prescribe electronically, will be exempt from disciplinary action.
Effective Date: Jan. 1, 2024

SB 285 (Sen. David Koehler/Rep. Anna Moeller)
Controlled Substance Electronic Monitoring
Public Act 103-0477
Illinois hospitals are required by law to electronically connect with the Illinois Prescription Monitoring Program (IL PMP) to facilitate prescriber point of care review of a patient's controlled substance prescriptions to improve safety and healthcare outcomes. This legislation allows facilities to integrate with the IL PMP utilizing a vendor of their choice as long as the vendor's applications meet specific standards.
Effective Date: Aug. 4, 2024, except section 316.1 becomes effective July 1, 2024.