

July 6, 2022

## **IHA Overview of General Assembly's Spring 2022 Session**

*The following is an overview of many of the key bills and issues that IHA worked on during the General Assembly's spring 2022 session to ensure the best possible outcomes for the hospital community.*

### **Budget, BIMP, Hospital Assessment, and other Medicaid Legislation**

#### **HB 900 (Speaker Emanuel "Chris" Welch/Sen. Elgie Sims)**

**State Budget - FY 2023**

#### **Public Act 102-0698**

**Effective date April 19, 2022; some provisions effective July 1, 2022**

The state Fiscal Year 2023 budget totals approximately \$46.5 billion. It does not impose cuts to the Medicaid budget, including the Hospital Relief Fund. The agreement forged by Gov. JB Pritzker and Democratic legislative leaders includes almost \$2 billion in tax relief, most of which is temporary, such as the suspension of the local sales tax on groceries, a six-month freeze on the cost of living increase on motor fuel and a one-time state rebate for property taxes paid.

The budget includes funding for the following items:

- Fiscal Year 2022 supplemental transfer of \$240 million to replace lost revenue from a \$240 million tax reduction in the hospital assessment program.
- \$180 million through a Healthcare Workforce Initiative at the Dept. of Healthcare and Family Services (HFS). Details of how this money will be distributed has not been determined.
- Funding for medical coverage for non-citizens aged 42-54 years who would otherwise be eligible for the medical assistance program except for their citizenship status.
- Funding for year three of Healthcare Transformation.
- Reauthorizes \$200 million in hospital transformation capital.
- \$58.7 million in funding to Safety Net hospitals and \$60 million in funding to hospitals, excluding Safety Net hospitals, through the American Rescue Plan Act (ARPA), as well as \$37.7 million reauthorizing funding for Safety Net hospitals through ARPA.
- \$69.9 million in grants to Safety Net hospitals to improve health equity, improve access to quality care, and reduce health disparities in underserved communities.
- \$900 million for the Group Health Insurance bill backlog.



- Retains funding a pool of \$50 million, to be disbursed among Safety Net hospitals that maintain perinatal designation from the Illinois Dept. of Public Health (IDPH).
- Retains funding a pool of \$10 million to Critical Access hospitals 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.

**HB 4700 (Rep. Greg Harris/Sen. Elgie Sims)**

**Budget Implementation - Key Healthcare Related Provisions**

**Public Act 102-0699**

**Effective date April 19, 2022; some provisions effective July 1, 2022; some provisions effective on the date Senate Bill 3023 of the 102<sup>nd</sup> General Assembly takes effect.**

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 related issues. These are not included in this summary, but could impact the hospital community on an individual organizational level.

**Sexual Assault Emergency Treatment Program**: Effective July 1, 2022, increases reimbursement under the Sexual Assault Emergency Treatment Program to a rate of at least \$1,000.

**Office of Opioid Settlement Administration**: Effective Dec. 30, 2021, creates the Office of Opioid Settlement Administration within the Dept. of Human Services (DHS). The Office is responsible for implementing and administering programs in the Illinois Opioid Allocation Agreement and implementing and administering other opioid-related programs. The legislation also creates the Opioid Remediation State Trust Fund to receive opioid-related settlements and judgments.

**Pipeline for the Advancement of the Healthcare Workforce**: Requires the Illinois Community College Board to develop a funding formula to distribute funds for the Illinois Pipeline for the Advancement of the Healthcare (PATH) Workforce Program. The PATH Workforce Program was created to support and expand opportunities for individuals enrolled at a public community college in a healthcare pathway, to obtain credentials, certificates, and degrees that allow them to enter into or advance their careers in the healthcare industry.

**Healthcare Professionals Licensing Fee Waiver**: Allows clinical social workers, social workers, physicians, nurses, pharmacists, and physicians assistants a one-time licensing fee waiver during fiscal years 2022, 2023 and 2024.

**Rebuild Illinois Mental Health Workforce**: Creates the Rebuild Illinois Mental Health Workforce Act to preserve and expand access to Medicaid community mental healthcare in Illinois to



prevent unnecessary hospitalizations and avoid the criminalization of mental health conditions and includes the following rate changes effective July 1, 2022:

- Increases the total Medicaid payment rate by at least \$9 per service unit for individual therapy services by a qualified mental health professional and by a mental health professional;
- Increases the Medicaid payment rate by at least \$15 per service unit for community support – individual services;
- Increases Medicaid case manager service rates by at least \$15 per service unit; and
- Creates a monthly directed payment to community mental health providers based on the number of Medicaid users of community support team services by both fee-for-service and managed care encounter claims.

This language was originally filed by Rep. Greg Harris ([HB 4238](#)) and Sen. Elgie Sims ([SB 3935](#)).

**Substance Use Disorder Rate Equity:** Effective July 1, 2022, creates the Substance Use Disorder Rate Equity Act and requires the DHS Division of Substance Use Prevention and Recovery in conjunction with HFS to increase existing reimbursement rates by 47% for all community-based substance use disorder treatment services. Rates will continue to increase in future years by an amount equal to the Consumer Price Index-U from the previous year, not to exceed more than 2%.

This language was originally filed through an amendment by Rep. Greg Harris ([HB 4238](#)) and Sen. Elgie Sims ([SB 3935](#)).

**[HB 1950](#) (Rep. Greg Harris/Sen. Ann Gillespie)  
Hospital Assessment Program and Hospital Related Priorities  
[Public Act 102-0886](#)  
Effective date **May 17, 2022****

This legislation reauthorizes the \$3.8 billion Hospital Assessment Program (HAP), beginning Jan. 1, 2023, as agreed to by IHA, HFS, and the Legislative Medicaid Working Group (MWG).

This legislation maintains the current tax structure and methodology and has the intended outcome that no hospital or hospital system would have a projected impact under the HAP for calendar year 2023 that is less than its net impact in calendar year 2021, assuming the same volume and acuity of services. The legislation directs HFS to establish the directed payments for fixed pool hospital classes and fixed rate hospital classes, and the pass-through payments for all hospitals, so that the total amount of payments to each hospital under the HAP in calendar year 2023 is projected to be substantially similar to the total amount of such payments to the hospital in calendar year 2021 (assuming the volume and acuity of services is the same.)

Key components of changes to the HAP include:



- Shifting pass-through payments to limited direct payments from HFS, including Fee-For-Service and an expansion of Graduate Medical Education (GME), thus increasing predictability and optimizing federal spending limits;
- Refining the high Medicaid hospital class to recognize both inpatient and outpatient hospital utilization and regional differences;
- Establishing a new class of small government hospitals;
- Adding protection of a rate floor for fixed poll classes;
- Simplifying the acuity adjusted fixed rates through one uniform rate for inpatient services and one for outpatient services for all categories of service; and
- Specifying the methodology used by HFS to shift pass-through funds to directed payments on Jan. 1 of each year.

This legislation also makes the following key advocacy changes:

- **Hospital Pandemic Relief Through Assessment Tax Reduction:** Requires HFS to reduce the hospital assessment tax imposed on each hospital by a uniform percentage amounting to a total reduction of \$240 million, to be applied by June 30, 2022. This provision provides direct relief to all assessment-paying hospitals.
- **Extends the Investor-owned Tax Credit:** Extends the current income tax credit to Dec. 31, 2027 for charity care provided by investor-owned hospitals, to help preserve access to quality healthcare for uninsured individuals across the state.
- **Removes Sunset of Non-profit Hospitals Sales Tax Exemption:** Removes the current sunset provision that applies to the sales tax exemption for non-profit hospitals, to provide non-profit hospitals with stability regarding their exempt status and reduce administrative burden.
- **Creates the Safety Net Hospital Health Equity and Access Leadership (HEAL) Program:** Directs IDPH and HFS to issue a joint report to the General Assembly by Feb. 1, 2023, containing options and recommendations for a permanent Safety Net Hospital HEAL Program, to replace ad hoc funding being provided to such hospitals in FY 2023. This joint report will address hospital eligibility criteria, projects eligible for funding, and potential strategies to generate federal Medicaid funding for these expenditures.
- **Reauthorizes Illinois Poison Center Funding:** Continues the annual payment of \$3.75 million to the Illinois Poison Center.

**[HB 4343](#) (Rep. Greg Harris/Sen. Ann Gillespie)**

**Medicaid Omnibus**

**[Public Act 102-1037](#)**

**Effective June 2, 2022**



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 13 initiatives that impact the Medicaid program. This year the MWG did not have as large of an omnibus as in previous years, due to the shortened session coupled with focused negotiations on the Hospital Assessment Program and nursing home rate reform.

**Prenatal and Postpartum Rate Increase:** Effective Jan. 1, 2023, increases the rate for prenatal and postpartum visits to at least the rate for an adult well visit, including any applicable add-ons. This language was originally filed by Rep. LaToya Greenwood ([HB 5053](#)) and Sen. Julie Morrison ([SB 3962](#)).

**External Cephalic Versions Rate Increase:** Effective Jan. 1, 2023, requires HFS to evaluate and increase the rate for external cephalic versions by an amount determined by HFS. This language was originally filed by Rep. LaToya Greenwood ([HB 5053](#)) and Sen. Julie Morrison ([SB 3962](#)).

**Medical Coverage for Non-Citizens:** Effective July 1, 2022, requires HFS to provide medical coverage for non-citizens aged 42-54 years who would otherwise be eligible for the medical assistance program except for their citizenship status. Allows for emergency rulemaking to implement this new eligibility category. Similar language was originally filed by Rep. Delia Ramirez ([HB 4437](#)). While added to the Medicaid Omnibus, this issue was not agreed to by the workgroup.

**Specialized Outpatient Add-On:** Effective, Jan. 1, 2023, creates an add-on of no less than \$113 for EAPG outpatient rates to hospitals serving more than 500 outpatient psychiatric services for children. This language was originally filed by Rep. Greg Harris ([HB 4594](#)) and a similar version was filed by Sen. Laura Fine ([SB 3104](#)) and was narrowed in scope by the MWG.

**DCFS Per Diem Inpatient Stay:** Removes the sunset, and makes permanent, requiring a Department of Child and Family Services (DCFS) per diem rate for inpatient psychiatric stays, at hospitals with inpatient psychiatric units, for children beyond medical necessity or “lockout” children. This provision is set to sunset on July 1, 2023. This language was originally filed by Rep. Greg Harris ([HB 4661](#)) and Sen. Sara Feigenholtz ([SB 3959](#)).

**Continuous Medicaid Eligibility, Adults:** Effective July 1, 2022, requires HFS to seek a State Plan Amendment (SPA) or other necessary waivers, to move adults to 12 months continuous eligibility in the medical assistance program. The State currently allows for 12 months continuous eligibility for children 18 years old and younger and pregnant woman during pregnancy and up to 12 months after birth. Language allowing HFS to provide adults with 12 months continuous eligibility became law in [P.A. 101-209](#) but 12 months continuous eligibility was never implemented. This language was originally filed by Sen. Mike Simmons ([SB 3136](#)) and Rep. Greg Harris and was the underlying language in [HB 4343](#).

**Automated Medicaid Redeterminations:** Effective July 1, 2022, requires HFS to seek a SPA or other necessary waivers, to allow automated medical assistance program redeterminations, also known as ex parte redeterminations, for people without an income. Ex parte redeterminations allow the state to re-determine if an individual remains eligible for medical assistance through state sources, rather than mailing a renewal form to complete and submit. This language was originally filed by Sen. Mike Simmons ([SB 3136](#)) and Rep. Greg Harris and was the underlying language in [HB 4343](#).

This legislation also changes the following:

- Requires the medical assistance program to cover midwifery services.
- Increases medical assistance program dental rates.
- Requires the medical assistance program to cover acupuncture services.
- Increases the medical assistance program community spouse resource allowance over 10 years.
- Creates a program through the Illinois State Board of Education (ISBE) to have schools conduct mental health well-being screenings.
- Creates a certified nursing assistants (CNA) intern program for long-term care providers.

The MWG and HFS also agreed to increase the pediatric vaccination rate from \$7.40 to \$16.15, absent statutory language.

#### **[HB 4437](#) (Rep. Delia Ramirez)**

##### **Medicaid Coverage Non-citizens**

###### **Held in the House**

This bill would have provided Medicaid coverage to non-citizens age 19-64 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 legislation was never voted out of committee in the House, Medicaid coverage to non-citizens age 42-54 was included in [HB 4343](#) (Medicaid Omnibus).

#### **[HB 4943](#) (Rep. Deanne Mazzochi)**

##### **PBM Retail Discount**

###### **Held in the House**

This bill would have required a pharmacy to report the retail cost of prescription drugs and identify discount programs an individual would be eligible for without drug coverage or reduce the retail price reported to account for the price reduction, if retail price is used by a PBM to calculate or estimate a copay. The bill also added language stating retail price does not include a pharmacist dispensing fee. This legislation would negatively affect members that own and operate an outpatient pharmacy that is open to the public.



**[HB 5013](#) (Rep. Mary Flowers/Sen. Patricia Van Pelt)**

**Medicaid Pre/Perinatal and Postpartum MCO Payments to Out-of-Network Providers**

**[Public Act 102-0964](#)**

**Effective May 27, 2022**

This legislation requires Medicaid managed care organizations (MCOs) to pay non-affiliated providers at least the fee-for-service rate for preventive prenatal, perinatal services and postpartum services, including add-on adjustment payments (e.g. MHVA, MPA), unless a different rate is agreed upon by the health plan and provider, provided certain stipulations are met. The legislation also includes a non-substantive change for licensed certified professional midwives.

**[HB 5179](#) (Rep. Lindsey LaPointe)**

**Mental Health & Substance Abuse Disorder Hospital Discharge Requirements**

**Held in the House**

This bill would have made reimbursement to hospitals contingent on hospitals providing a warm handoff of patients in need of community-based mental health and substance use disorder treatment and recovery support services to community-based providers, among other requirements. The legislation did not include any further requirements for the HFS, MCOs or the community-based providers. IHA met with the sponsor and advocates to give details regarding our concerns. The sponsor held the legislation.

**[HB 5593](#) (Rep. Mary Flowers)**

**Hospital Presumptive Eligibility, Women of Childbearing Age**

**Held in the House**

This bill would have required hospitals to complete and submit a medical assistance application for all uninsured woman of childbearing age admitted to a hospital for inpatient or outpatient services, regardless of income, contingent upon federal approval. The state Medicaid program currently allows for presumptive eligibility for pregnant women, based on a statement of monthly income. It is unlikely the legislation, as written, would have received federal approval since it expanded Medicaid to all women of childbearing age, regardless of income.

**[HB 5597](#) (Rep. Mary Flowers)**

**Hospital Presumptive Eligibility for Childless Adults**

**Held in the House**

This bill would have required HFS, in collaboration with the DHS, to update its eligibility verification and enrollment processing system to allow approved hospitals (hospital presumptive eligibility), community-based organizations and other entities to screen and automatically enroll eligible uninsured childless adults into the medical assistance program and offer to submit the electronic application. IHA is supportive of implementing hospital presumptive eligibility, but this bill did not advance.



## **Commercial Insurance**

### **[SB 3910](#) (Sen. Laura Fine)**

#### **Insurance – Uniform Information Cards**

### **[Public Act 102-0902](#)**

#### **Effective January 1, 2024**

An initiative of the Illinois Dept. of Insurance (DOI), this bill expands the information that health benefit and prescription drug plans must provide on physical and/or electronic member identification cards. Effective Jan. 1, 2024, identification cards must include the name of the regulatory entity that has authority over the plan (e.g., DOI). For Medicaid managed care plans, the regulatory entity is HFS. Identification cards must also list any applicable deductible and/or out-of-pocket maximum limits and a toll free telephone number and website for consumer assistance. In addition to fully-insured health benefit plans, the requirements apply to self-insured plans operated by third-party administrators and state-administered plans.

### **[HB 4259](#) (Rep. Jonathan Carroll)**

#### **Insurance Code – COVID-19 Health Care Expenses**

#### **Held in the House**

This bill would prohibit commercial health insurance plans from reimbursing hospitals for COVID-19-related care provided to patients who were eligible for the COVID-19 vaccine but chose not to be vaccinated. In such cases, the patient would be responsible for paying all hospital expenses out of pocket. The sponsor withdrew the bill from consideration.

### **[HB 4774](#) (Rep. Camille Lilly)**

### **[SB 3924](#) (Sen. Cristina Castro)**

#### **Insurance – Clinician Administered Drugs**

#### **Both bills were held in each chamber**

Strongly supported by IHA, HB 4774/SB 3924 would prohibit commercial health insurers, and their pharmacy benefit managers (PBMs), from inappropriately restricting access to clinician-administered drugs in Illinois. Specifically, insurers/PBMs could not require patients to obtain infusion drugs from a specific specialty pharmacy and transport these drugs to a provider for administration, a practice known as “brown bagging.” Similarly, health insurers/PBMs were prohibited from “white bagging,” a tactic used to circumvent supply chain controls and lower costs by requiring administering providers to source the drugs from a narrow network of specialty pharmacies. HB 4774/SB 3924 also prohibited insurers from including site of service restrictions in prior authorization criteria. While the legislation did not advance this session, future conversations with stakeholders are anticipated.

## **Tax Exemption/Tax Credit**

### **[HB 1950](#) (Rep. Greg Harris/Sen. Ann Gillespie)**

### **[SB 157](#) (Sen. Michael Hastings/Rep. Michael Zalewski)**





**Sales tax exemption/Investor-Owned tax credit**

[Public Act 102-0886](#)

[Effective May 17, 2022](#)

[Public Act 102-0700](#)

**Effective Date April 19, 2022; Some Provisions Effective July 1, 2023**

IHA's initiative, originally contained in [HB 4184](#) / [SB 2951](#), removed the nonprofit hospital sales tax legislation from the automatic 5-year sunset and extended the investor-owned income tax credit for another five years.

**Sexual Assault Survivors Emergency Treatment Act (SASETA)**

[SB 3023](#) (Sen. Julie Morrison/Rep. Kelly Cassidy)

**Sexual Assault-Follow-up Care/Billing Opt-Out**

[Public Act 102-1097](#)

**Effective June 16, 2022; Some Provisions effective January 1, 2023**

This bill, in addition to changes related to FQHCs and the Sexual Assault Medical Forensic Services Implementation Task Force, extends the follow-up care voucher from 90 days to 180 days. It also allows a survivor that is not the subscriber or primary policyholder of their insurance policy to opt-out of billing their private insurance and the bill to then be submitted to the HFS Sexual Assault Emergency Treatment Program for reimbursement.

In negotiations related to this opt-out provision, originally included in [SB 2967](#), IHA worked with the sponsor to include increased payment of \$1,000 for medical forensic services covered under the Sexual Assault Emergency Treatment Program, as well as the Medicaid program, effective July 1, 2022, which was included in [Public Act 102-0699](#) (pg. 523). A separate member memo is forthcoming with further specific information related to these changes.

[HB 347 SA 2](#) (Rep. Jay Hoffman/Sen. Rachelle Crowe)

**SASETA – Fines and Out of State Care**

**Concurrence in House on Senate Amendment 2**

Senator Crowe, IHA, Office of Attorney General and other stakeholders reached agreement on various provisions originally included in [SB 970](#), but too late for final passage before session concluded. IHA intends to ask for the concurrence to be acted upon during the veto session this fall.

The bill prohibits IDPH from imposing fines during 2023 for non-compliance with the Act, although the requirement for treatment hospitals to have a qualified medical provider on site within 90 minutes beginning Jan. 1, 2023 remains in place. It adds new fines related to submitting treatment/transfer plans or plans of correction to IDPH within certain timeframes, extends out-of-state hospital participation until 2029 and requires the Sexual Assault Medical Forensic Services Implementation Task Force report to include the status of pediatric sexual assault care.



## **Billing and Collections**

### **[HB 5587](#) (Rep. Camille Lilly)**

#### **Co-pay in Emergency Department**

#### **Held in the House**

This bill was written to prohibit a hospital from requiring a patient to pay a co-pay before being treated in the emergency department. IHA explained that the federal Emergency Medical Treatment and Labor Act (EMTALA) prohibits a request for payment prior to treatment. While EMTALA permits reasonable registration procedures, including inquiries about insurance, before a medical screening examination is done as long as those inquiries do not delay the examination, a request for payment is not permitted at that time.

### **[SB 146](#) (Sen. Laura Murphy)**

### **[SB 3424](#) (Sen. Meg Loughran Cappel)**

#### **Patient Billing**

#### **SB 146 Held in the Senate**

#### **SB 3424 Held in the Senate**

These bills would have amended the Fair Patient Billing Act related to additional notice about Medicare supplemental/secondary insurance prior to pursuing collection action and not pursuing legal action against a patient who is making payments on a bill. IHA explained all the protections currently in Illinois law related to patient billing and collections. Neither bill advanced.

### **[HB 4703](#) (Rep. Bob Morgan/Sen. Ann Gillespie)**

#### **Insurance-Billing**

#### **[Public Act 102-0901](#)**

#### **Effective date July 1, 2022 and with some sections effective January 1, 2023**

This bill aligns the State's balance billing protections with the federal No Surprises Act. Effective July 1, 2022, it ensures patients receiving emergency services or covered ancillary services from an out-of-network provider or, in the case of emergency services, at an out-of-network facility, are held to in-network cost-sharing requirements. Other provisions include notice and consent options for out-of-network coverage, a provider and payer process for determining out-of-network reimbursement, and defined cost-sharing and deductible amounts. HB 4703 does not apply to air or ground ambulance services. This bill amends the Illinois Insurance Code, the Managed Care Reform and Patient Rights Act, the Health Maintenance Organization Act, and the Voluntary Health Services Act.

### **[HB 4595](#) (Rep. Greg Harris/Sen. Mattie Hunter)**

#### **Insurance - Drug Discount Program**

#### **[Public Act 102-0778](#)**

#### **Effective July 1, 2022**



This bill amends the Illinois Insurance Code, establishing protections for 340B covered entities contracting with pharmacy benefit managers (PBMs), third-party payers and Medicaid managed care organizations. Generally, contracts between 340B covered entities and the aforementioned entities may not contain provisions that result in reimbursement, fees, or adjustments that treat the 340B covered entity differently than a non-340B covered entity. Additional protections include patient choice, network protections, and a catchall anti-discrimination provision. Any violations by a PBM constitutes an unfair or deceptive act or practice in the business of insurance under Section 424.

### **Behavioral Health**

**[HB 1321](#) (Rep. Lindsey LaPointe/Sen Michael Hastings)**

**[HB 3977](#) (Rep. Lindsey LaPointe)**

**Health - Tech**

**[Public Act 102-0911](#)**

**Effective Date January 1, 2023**

**HB 3977 Held in the House**

This bill creates a First Responder Behavioral Health Grant Fund, subject to appropriation. The Secretary of Human Services must use the fund to make grants to eligible recipients, including public and private hospitals. Recipients must use funding for expenses related to healthcare services for first responders, including telehealth services. Employers may not reduce behavioral healthcare provided in an employee benefit package nor may they access treatment provider notes as a result of grant funding. HB 3977 would have banned employers from disciplining employees for use of illicit substances unless a criminal act was carried out, causing concern for the impact on patient safety. Employers were required to cover all behavioral health treatment costs, including traditional employee cost-sharing (e.g., co-pays). After discussion with the sponsor, the legislation was favorably amended.

**[HB 1592](#) (Rep. Deb Conroy/Sen. Laura Fine)**

**[HB 4187](#) (Rep. Deb Conroy)**

**State Government - Tech**

**[Public Act 102-0913](#)**

**Effective May 27, 2022**

**HB 4187 Held in the House**

This bill requires the DHS' Division of Mental Health to write a strategic plan to address access to inpatient psychiatric beds in state-operated psychiatric hospitals (SOPHs), made publicly available one year after the law is enacted. The plan must address increasing community-based capacity for individuals in all SOPH forensic beds, among other requirements. DHS is newly prohibited from making reductions in SOPH bed capacity; however, nothing in the Act would affect the Governor's authority to issue an emergency executive order to protect the health and safety of SOPH patients or employees. DHS must develop benchmarks, one of which is

designed to ensure no individual who needs inpatient psychiatric care remains in an emergency department of any hospital or in any other non-psychiatric unit longer than 48 hours.

**[HB 3617](#) (Rep. Justin Slaughter)**

**MHDD CD - Commitment**

**Held in the House**

This bill would have given the circuit court jurisdiction over persons, regardless of felony conviction status, who are: (1) subject to involuntary admission on an inpatient basis; (2) subject to involuntary admission on an outpatient basis; or (3) in need of treatment involving the administration of psychotropic medication and electroconvulsive therapy. The goal was to broaden the jurisdiction of the circuit court to include persons charged with a felony who have been released on bond or on their own recognizance during the pendency of the felony charges. However, DHS would have also been permitted to deny hospitalization to patients with pending felony charges in state-operated psychiatric hospitals, potentially diverting justice-involved patient from state-operated hospitals to community hospitals.

**[HB 4408](#) (Rep. Deb Conroy/Sen. Laura Ellman)**

**Insurance - Naloxone - No Co-Pay**

**[Public Act 102-1038](#)**

**Effective January 1, 2023**

Supported by IHA, this bill prohibits commercial insurers and the medical assistance program from imposing a copayment for naloxone hydrochloride (medication used for emergency treatment of opioid overdose), effective Jan. 1, 2024. The prohibition on copayments for naloxone does not apply if it would disqualify a High-Deductible Health Plan from eligibility for a Health Savings Account.

**[HB 4556](#) (Rep. Will Guzzardi/Sen. Robert Peters)**

**Overdose Prevention - Supplies**

**[Public Act 102-1039](#)**

**Effective June 2, 2022**

This bill permits a pharmacist, physician, advanced practice registered nurse, physician assistant, or a clinician's designee to dispense drug adulterant testing supplies to any person, for up to five assays of substances suspected of containing adulterants in a single transaction. Supplies must be stored at a licensed hospital, pharmacy, or other permitted health care facility in a manner that limits access to supplies to those permitted to dispense them. Hospital employees and customers are included in a list of people that may not be charged with possession of certain drug consumption paraphernalia or supplies obtained or returned to a needle and hypodermic syringe access program. After discussion with the sponsor, a clinician designee was added to the individuals permitted to dispense supplies. New confidentiality requirements were removed due to existing protections in federal regulations and state law.



[HB 4675](#) (Rep. Anna Moeller)

[HB 5711](#) (Rep. Anna Moeller)

**Public Aid - Tech**

**HB 4675 and HB 5711 were held in the House**

HB 4675 would have required HFS to cover telehealth services and associated administrative fees administered by a provider that demonstrated knowledge and experience in providing medical and emergency services for persons with intellectual and developmental disabilities. Original language excluded qualified in-state hospital providers from service reimbursement, but was removed after a discussion with the proponent. HB 5711 would have appropriated \$9 million from the General Revenue Fund to DHS for administrative fees associated with implementing these services.

[HB 4952](#) (Rep. Lindsey LaPointe)

[SB 3889](#) (Sen. Meg Loughran Cappel/Rep. Natalie Manley)

**Children Mental Health Council**

**HB 4952 Held in the House**

[Public Act 102-0899](#)

**Effective January 1, 2023**

SB 3889 requires the Children’s Mental Health Partnership to advise state agencies on strategies for children from birth to age 25, and their families, to address children's mental health needs across a full continuum of care, including social determinants of health, prevention, early identification, and treatment. The Partnership must provide an annual report to the General Assembly, in which recommendations must build upon the Children’s Mental Health Plan of 2022 to more effectively meet the emergency and residential placement needs for all children with severe behavioral challenges, among other goals. IHA was added as a participant of the Partnership, in addition to one children’s hospital from northern Illinois and one from southern Illinois. HB 4952 would have required the DCFS and other agencies to create a new short-term stabilization home model for youth and services to transition to adulthood for young adults with intellectual and developmental disabilities or mental illness, among other resources.

[HB 5196](#) (Rep. Bob Morgan/Sen. Scott Bennett)

**MHDD CC - Disability Definitions**

[Public Act 102-0972](#)

**Effective January 1, 2023**

This bill modernizes definitions of “intellectual disability” and “developmental disability” (IDD) in the Mental Health and Developmental Disabilities Code (“Code”) for purposes of treatment, while making conforming changes throughout most of Illinois law to ensure consistent cross-references. Updated definitions for IDD in the Firearm Owners Identification (FOID) Act incorporate the primary changes, while clarifying that the definitions in the FOID Act supersede the definitions in the Code for purposes of existing hospital clinician reporting requirements. Following discussion, the sponsor and state agencies agreed to align definitions more closely for

hospital reporting purposes. IHA will issue a comprehensive member memo in the coming weeks.

**[HB 5333](#) (Rep. Kelly Cassidy); [SB 3438](#) (Sen. Sara Feigenholtz)**

**Mental Health Assessment Reform**

**Both bills were held in each chamber**

This bill would have required HFS to establish the minimum information necessary in an individual's medical record for medical necessity documentation, which is required for Medicaid community mental health service reimbursement. For this requirement, HFS would have needed to identify discretionary information unrelated to medical necessity currently being collected within its integrated assessment and treatment planning process, known as the Illinois Medicaid Comprehensive Assessment of Needs and Strengths, or IM+CANS. The process would have been required annually in order for patients to access community mental health services, instead of the current biannual requirement. HFS also had to establish a workgroup to resolve issues with the process and submit a report to the General Assembly that outlines workgroup recommendations.

**[SB 586](#) (Sen. Julie A. Morrison)**

**MHDD CD - Mental Health Facility**

**Held in the Senate**

In the case of *In re Linda B.*, 2017 IL 119392, the Illinois Supreme Court determined that all persons receiving inpatient mental health treatment are in a "mental health facility" under the definition provided by the Mental Health and Developmental Disabilities Code ("Code"). This decision asserted that the Code applied to facilities and sections therein not traditionally considered a "mental health facility" such as emergency departments, medical or surgical units of general hospitals, and nursing homes. This bill would have provided hospitals with explicit permission to provide some mental health evaluations and treatment without first having to "admit" the patient under the Code, as some advocates interpret the law to require. However, an agreement regarding the scope of permissible mental health treatment could not be reached. On Dec. 16, 2021 the Illinois Supreme Court issued a decision in the related case of *In re Julie M.*, 2021 IL 125768, resolving interpretive concerns previously held by IHA with the Code, proposed to be addressed by Senate Bill 586. See the [IHA Memo](#) on the Court's decision in the case of *In re Julie M.*

**[SB 2535](#) (Sen. Melinda Bush/Rep. Deb Conroy)**

**Controlled Substance - Prescribe**

**[Public Act 102-1040](#)**

**Effective January 1, 2023**

This bill requires pharmacists to dispense an opioid antagonist, which used to be optional, in accordance with IDPH and DHS policies and protocols that must be filed at the pharmacy. Pharmacists are now required to inform patients that opioids are addictive and offer to dispense an opioid antagonist, but no longer must complete a training program on proper



documentation and quality assurance. Prescribers who issue a prescription for an opioid are now required to inform the patient that opioids are addictive and that opioid antagonists are available by prescription or from a pharmacy. After discussion with the sponsor, language that created an unfunded mandate by requiring hospital prescribers to provide an opioid antagonist to certain patients upon discharge was removed.

**[SB 2977](#) (Sen. Julie A. Morrison/Rep. Will Guzzardi)**

**Hospital Licensing - Abuse**

**Held in the House**

This bill would have required additional hospital reporting to IDPH following alleged patient on patient abuse in the hospital. The bill would have held patients to the same standard as hospital staff in requirements that address patient protection from abuse by hospital administrators, agents, employees, or medical staff members. IHA raised a concern that federal regulation and state law already require hospitals to take action to address incidents like the one that led to this proposed requirement. IHA will issue a comprehensive member memo in the coming weeks on related hospital requirements, patient rights, and protections.

**[SB 3747](#) (Sen. Julie A. Morrison/Rep. Terra Costa Howard)**

**Child Services - Various**

**Held in the House**

This bill would have required IDPH to convene a comprehensive stakeholder process with representatives from various state agencies and provider associations to develop new hospital standards to establish specialized units for youth with an autism spectrum disorder and other intellectual or developmental disabilities. Specialized units were required to have detailed admission criteria, staffing, and treatment and referral requirements. Additional funding was not specified for the units, outside of traditional hospital reimbursement. The bill newly defined “child welfare supervisors” and expanded patient eligibility standards for early intervention and child care assistance services.

**[SB 3617](#) (Sen. Laura Fine/Rep. Deb Conroy)**

**Mental Health - Various**

**[Public Act 102-1053](#)**

**Effective June 10, 2022**

This bill creates various behavioral health workforce flexibilities and supports. For clinical psychologist, social worker, and clinical professional counselor licensure laws, the bill permanently waives certain licensure requirements for restoration of an inactive or expired license of less than five years, originally recommended by IHA and implemented via temporary Executive Order. Waivers for license restoration may only be used once. These clinicians and marriage and family therapists applying for Illinois licensure may also waive certain requirements after practicing for five years in another United States jurisdiction without discipline, instead of the current 10 year standard. DHS must administer a new grant program for community mental health facilities to provide behavioral health professional development



opportunities, subject to appropriation. By Jan. 1, 2023, DHS must establish a recovery tax credit program to provide tax incentives to qualified employers who employ individuals in recovery from mental health or substance use disorder and provide reasonable accommodations for at least 500 hours in the applicable calendar year. A new advisory council is created to study behavioral health impacts on employment opportunities within minority communities and provides professional flexibility in Specialized Mental Health Rehabilitation Facilities.

### **Nurse Staffing Agencies/Healthcare Workers**

#### **[HB1464](#) (Rep. Maura Hirschauer/President Don Harmon)**

##### **Regulation-Technical**

##### **Held in the Senate**

Prohibits the Illinois Department of Financial and Professional Regulation from taking adverse action against an individual licensed or permitted under the relevant Acts if the sole reason is the individual's license is being revoked or disciplined by another state/territory for providing a healthcare service related to an abortion, assuming that service is legal and permissible in Illinois.

#### **[HB 4332](#) (Rep. Maura Hirschauer/Sen. Karina Villa)**

##### **Healthcare Worker Background Check**

##### **[Public Act 102-1063](#)**

##### **Effective January 1, 2023**

This legislation would allow those healthcare workers required to register under the Health Care Worker Background Check Act to provide a federal taxpayer identification number if a Social Security number is not available. The goal of the legislation is to allow greater access to healthcare jobs for non-citizens. Through IHA's advocacy efforts undefined and broad terminology was removed from the legislation that would have confused compliance.

#### **[HB 4666](#) (Rep. Jay Hoffman/Sen. Omar Aquino)**

##### **Nurse Staffing Agencies**

##### **[Public Act 102-0946](#)**

##### **Effective July 1, 2022**

Addresses the significant costs and predatory practices of nurse staffing agencies through key accountability, transparency, and other provisions, including:

- Requires staffing agency contracts to contain a full disclosure of charges and compensation, including all hourly bill rates per category of employee and administrative charges;
- Requires 100% of the hourly rate be paid to the nurse;
- Prohibits nurse agencies from entering into covenants not to compete with nurses;
- Eliminates buy-out, liquidated damages and conversion fees, should a healthcare facility hire an agency nurse as a permanent employee;





- Prohibits recruiting potential employees on the premises of a healthcare facility;
- Requires the Illinois Department of Labor (DOL) to establish a system of reporting complaints against a nurse agency;
- Increases civil penalties against nurse agencies to \$10,000 per occurrence; and
- Requires nurse agencies to submit a quarterly report to DOL outlining aggregate charges and costs, to be published annually by county.
- This language does not include a cap on nurse agency compensation, due to concerns with such a policy and its impact on nurse availability.

**[SB 3166](#) (Sen. Adriane Johnson/Rep. Debbie Meyers-Martin)**

**Healthcare Worker Resources**

**[Public Act 102-1007](#)**

**Effective January 1, 2023**

The legislation would require hospitals and certain other healthcare facilities to alert their employees to information on employee assistance programs available for the physical and mental well-being of the employee. The information is to be provided at the time of employment and during any open enrollment period. Through IHA's advocacy efforts, onerous requirements requiring hospitals to provide information on certain programs and the maintenance of signed documents were removed from the final legislation.

**[SB 3017](#) (Sen. Doris Turner/Rep. Lance Yednock)**

**Rural Provider Financial Assistance**

**[Public Act 102-0888](#)**

**Effective May 17, 2022**

The legislation renames the Underserved Physician Workforce Act to the Underserved Health Care Provider Workforce Act, expanding eligibility for financial assistance to advanced practice registered nurses and physician assistants who accept Medicaid, Medicare, the State's Children's Health Insurance Program (CHIP), private insurance, and self-pay. Further, the legislation expands the definition of what can be considered under the definition of a "Designated Shortage Area" to include a government-owned, privately owned, independent, or provider-based Rural Health Clinic or hospital that accepts Medicaid, Medicare, CHIP, private insurance, and self-pay. IHA collaborated with the Illinois Rural Healthcare Association, the Illinois Critical Access Hospital Network, and other advocates on this legislation to assist rural providers, particularly those providing obstetric services, with additional financial assistance.

**[SB 3498](#) (Sen. Laura Murphy/Rep. Randy Frese)**

**Physician Assistant – Death Records**

**[Public Act 102-0844](#)**

**Effective January 1, 2023**

The legislation would add physician assistants to the Vital Records Act. Under this provision, a physician assistant would be able to sign the medical certification of a person's death as part of



the death certificate process. IHA supported this initiative as a way to provide hospitals greater flexibility in meeting their regulatory responsibilities.

### **Employment Regulations**

#### **HB 4116 (Rep. Bob Morgan/Sen. Robert Peters)**

##### **Right to Privacy - Drug Test**

##### **Held in the Senate**

This bill would have amended the Right to Privacy in the Workplace Act by providing that an employer could not refuse to hire an individual or discipline an employee because results of an individual's drug test indicate the presence of THC on the part of that individual. It would have continued to permit an employer to enforce a pre-employment drug testing policy, zero-tolerance drug testing policy, random drug testing policy, or a drug-free workplace policy or disciplining an employee for violating such policy, but prevent an employer from taking adverse action against an employee solely because of a positive drug test for cannabis unless the test result exceeds limits set forth in certain DUI provisions of the Illinois Vehicle Code.

#### **HB 4569 (Rep. Thaddeus Jones)**

#### **SB 3413 (Sen. Bill Cunningham)**

##### **Biometric Information - Health Employer**

##### **Both bills were held in each chamber**

This bill would have amended the Biometric Information Privacy Act by providing that nothing in the Act would apply to any health care employer that: (1) hires an employee under the Health Care Worker Background Check Act and the employee has submitted to a fingerprint-based criminal history records check, (2) uses and stores biometric information or biometric identifiers exclusively for employment, human resources, compliance, payroll, identification, authentication, safety, security, or fraud prevention purposes, (3) does not sell, lease, or trade the biometric information or biometric identifiers collected, and (4) maintains and follows a documented process to delete any biometric information or biometric identifier.

#### **SB 3146 (Sen. Celina Villanueva/Rep. Lakesia Collins)**

##### **One Day of Rest-Penalties**

##### **Public Act 102-0828**

##### **Effective January 1, 2023**

Amends the One Day Rest in Seven Act ([820 ILCS 140/1 et. seq.](#)) to require that an employee who works in excess of 7½ continuous hours shall be entitled to an additional 20 minute meal period for every additional 4½ continuous hours worked. Also increases the penalties for violations of the Act.

#### **SB 3782 (Senate President Don Harmon)**

##### **BIPA - Security Purposes**

##### **Held in the Senate**



This bill would have amended the Biometric Privacy Information Act by adding an exception for "security purposes" (i.e., preventing retail theft, fraud, or any other misappropriation or theft of a thing of value, including protecting property from trespass, controlling access to property, protecting any person from harm, including stalking, violence, or harassment, and assisting a law enforcement investigation). This security purpose would allow a private entity to collect, capture, or otherwise obtain a person's or customer's biometric identifier or biometric information without satisfying other specified requirements of the Act if: (1) the private entity collects, captures, or otherwise obtains a person's or customer's biometric identifier or biometric information for a security purpose; (2) the private entity uses the biometric identifier or biometric information only for a security purpose; (3) the private entity retains the biometric identifier or biometric information no longer than is reasonably necessary to satisfy a security purpose; and (4) the private entity documents a process and time frame to delete any biometric identifier or biometric information.

[SB 3874](#) (Sen. Bill Cunningham)

[HB 4692](#) (Rep. Keith Wheeler)

**BIPA - Security Purposes**

**Both bills were held in each chamber**

These bills would have amended the Biometric Information Privacy Act by changing definitions, as well as providing that if the biometric identifier or biometric information is collected or captured for the same repeated process, the private entity is only required to inform the subject or receive consent during the initial collection. It would have also added an exception for collecting biometric data for "security purposes."

## **Patient Care**

[HB 4227](#) (Rep. Michelle Mussman)

**Infant Relinquishment**

**Held in the House**

This legislation sought to amend the Abandoned Newborn Infant Protection Act to provide women with the opportunity to relinquish their child in the hospital after giving birth. IHA supported the concept of the legislation; however, had concerns about the legal and practical implications of the legislation as written. While this bill did not move forward during the spring session, IHA and other stakeholders will be engaged during the summer to find a resolution to these issues.

[HB 4706](#) (Rep. Denyse Wang Stoneback/Sen. Ram Villivalam)

**C-Section Reporting**

**Held in the Senate**

This onerous legislation would have required hospitals to develop an internal reporting tool on the cesarean birth rate for each obstetrician-gynecologist who works at the hospital every six



months, as well as provide a report to IDPH. IHA strongly opposed this legislation as onerous to hospitals, not providing an accurate picture of provider performance, and creating liability concerns for hospitals and providers, while doing nothing to address or prevent unnecessary C-sections. Though the legislation passed out of the House, through IHA's advocacy efforts the bill was held in the Senate.

**[HB 5362](#) (Rep. Brad Halbrook)**

**Hospitals - Patient Medication**

**Held in the House**

This bill was an attempt to require hospitals to provide Ivermectin. Specifically, it would have amended the Hospital Licensing Act to provide that hospitals licensed under the Act are prohibited from preventing the administration of a prescription medication to a patient if the patient's treating physician has prescribed the medication.

**[SB 1405](#) (Sen. Dan McConchie/Rep. Chris Bos)**

**Medical Patient Rights - Visitation**

**[Public Act 102-0989](#)**

**Effective May 27, 2022**

Amends the Medical Patient Rights Act to provide that when the Governor has issued a disaster proclamation and/or an outbreak or epidemic exists, a healthcare facility shall ensure the opportunity for at least one visitor, not including clergy, to visit a resident or patient. Such visitation shall be subject to any guidelines, conditions or limitations issued by CMS or CSC. The healthcare facility can subject visitors to health screenings and may restrict access to any visitor who fails to pass such health screening. Healthcare facilities may also require visitors to adhere to infection control protocols during their visit, including wearing personal protective equipment. If visitation would endanger the health or safety of a patient, the visitor or healthcare workers, or would otherwise create public health or safety problems the healthcare facility can deny visitation. Healthcare facilities may continue to regulate visitation hours, number of visitors, and the movement of visitors within the facility. Special visitation rules and requirements apply to skilled nursing homes, extended care facilities, and intermediate care facilities.

**[SB 2978](#) (Sen. Karina Villa)**

**Medical Patient Rights**

**Held in the Senate**

This bill would have significantly amended the Medical Patient Rights Act. Specifically, it would have stated that each patient has certain rights including, but not limited to, continuity and coordination of care among and between all disciplines serving the patient's medical diagnoses and needs, and to be informed, prior to or at the time of admission and during his or her stay, of services that are included in the healthcare facility's basic per diem or daily room rate and that other services are available at additional charge. It would have included additional requirements for healthcare facilities to make every effort to assist patients in obtaining



information regarding whether the Medicare or Medical Assistance program will pay for any or all of the services provided by the health care facility. It would have also required that hospitals have a written internal grievance procedure that conforms with specified requirements.

**[SB 3682](#) (Sen. Patrick Joyce/Rep. Robyn Gabel)**

**Cervical Cancer Screenings**

**[Public Act 102-1018](#)**

**Effective January 1, 2023**

This legislation creates the Reducing Cervical Cancer and Saving Lives Act. It sets forth requirements on how hospitals and other healthcare providers deliver test results to patients receiving cervical cancer screenings. It further requires the IDPH and DHS to develop a pilot program to provide free HPV vaccines to persons enrolled in the Illinois Breast and Cervical Cancer Program. Through IHA's advocacy efforts the final legislation removed certain onerous and confusing provisions that would have been required for hospitals and other providers.

**General Regulatory Legislation**

**[HB 3061](#) (Rep. Michelle Mussman)**

**Digital Fair Repair Act**

**Held in the House**

This legislation would have created the Digital Fair Repair Act. It would have required manufacturers to make available certain parts, tools, and documentation for digital equipment. IHA worked with members and other stakeholders on this important legislation to address a growing problem for hospitals that is causing growing financial burden as well as limiting access to care. While the legislation did not advance during the spring session, IHA and other stakeholders will continue to be engaged to find opportunities to address these concerns.

**[HB 4640](#) (Rep. Deb Conroy)**

**Access to Public Health Data**

**Held in the House**

This bill would have created the Access to Public Health Data Act. Under this new Act IDPH, DHS, and DCFS would, at the request of a local Illinois health department, have had to make any and all public health data related to residents of that local health department's jurisdiction available to that local health department for the purposes of preventing or controlling disease, injury, or disability.

**[HB 4968](#) (Rep. La Shawn Ford)**

**Wrongful Death-Punitive Damages**

**Held in the House**

This bill would have amended the Wrongful Death Act to allow for the recovery of punitive damages in a wrongful death action.



**[HB 4988](#) (Rep. Natalie Manley/Sen. Meg Loughran Cappel)**

**Public Water Notification**

**[Public Act 102-960](#)**

**Effective May 27, 2022**

The legislation amends the Environmental Protection Act as it pertains to notifications that public water suppliers must provide to hospitals and other healthcare facilities if there is a disruption in service. Under the legislation, healthcare facilities must be notified not less than 14 days before any known, planned, or anticipated disruption event or within two hours of becoming aware of an unplanned disruption event. IHA supported this legislation that would give hospitals greater time to plan and prepare for these types of disruptions.

**[HB 5047](#) (Rep. Jennifer Gong-Gershowitz/Sen. Laura Fine)**

**Power of Attorney**

**[Public Act 102-0794](#)**

**Effective January 1, 2023**

Amends the Powers of Attorney for Health Care Article of the Illinois Power of Attorney Act. Changes the statutory short form power of attorney for health care to include the option to present the form electronically as proof of agency. Provides that, if the principal has authorized the agent to present the statutory short form electronically, an attending physician, emergency medical services personnel, or healthcare provider may not refuse to give effect to a healthcare agency if the agent presents an electronic device displaying an electronic copy of an executed form as proof of the health care agency. Requires any person or entity that provides a statutory short form to the public to post information on its website regarding the changes made by the amendatory Act for a period of two years. Requires IDPH to post on its website information regarding the physical or electronic possession of a statutory short form power of attorney for healthcare and to create an educational campaign regarding the changes made by the amendatory Act.

**[HB 5048](#) (Rep. Anna Moeller/Sen. Sara Feigenholtz)**

**Nursing Homes POLST Forms**

**Held in the Senate**

This bill would have amended the Nursing Home Care Act to require facilities licensed under the Act to offer POLST-appropriate residents or their representatives an opportunity to execute the IDPH Uniform POLST form within specified time periods and by certain facility staff members or community partners who are able to discuss and prepare the form in accordance with institutional policy or by a qualified health care practitioner.

**[SB 2974](#) (Sen. Sara Feigenholtz/Rep. William Davis)**

**Health Care Surrogate - Definition**

**[Public Act 102-744](#)**

**Effective May 6, 2022**

This IHA-supported legislation removes a requirement that an “attending physician,” “health care provider,” and “qualified healthcare practitioner,” as defined in the Health Care Surrogate Act, be licensed or otherwise authorized or permitted by Illinois law to practice healthcare. The legislation allows these defined practitioners to be licensed (or in the case of a “qualified healthcare practitioner” a temporary license) in the state where the patient is being treated.

### [SB 3038](#) (Sen. Robert Peters)

#### **Government - Non-Disclosure Agreements**

##### **Held in the Senate**

This bill would have amended the Illinois Procurement Code, the Counties Code, and the Illinois Municipal Code to provide that no agreement or contract entered into by the State, any municipality, or any county, or any party negotiating on behalf of such governmental entity, for projects or economic development, including, but not limited to, tax incentives, payments in lieu of taxes, tax abatements, bonds, notes, loans, grants, or rebates, may contain a confidentiality provision preventing the parties to the agreement or contract from disclosing, discussing, describing, or commenting upon the terms of the agreement or contract.

### **COVID-19**

### [HB 4204](#) (Rep. Joe Sosnowski)

#### **COVID-19 Antibodies Vaccine**

##### **Held in the House**

This bill would have amended the Infectious Disease Testing Act to provide that proof of the presence of COVID-19 antibodies is deemed sufficient proof of COVID-19 vaccination.

### [HB 4603](#) (Rep. Fred Crespo)

#### **COVID Testing Site Regulations**

##### **Held in House**

This legislation would have required IDPH to develop comprehensive licensing and registration standards for facilities that tested individuals for COVID-19. IHA opposed the legislation as written due to the duplicative nature that the proposed legislation would have put on hospitals, which already must meet strict federal and state standards for labs and testing. Through IHA’s advocacy efforts this legislation was held in the House.

### [HB 4698](#) (Rep. Thomas Morrison)

#### **COVID-19 Health Care Decisions**

##### **Held in the House**

This bill would have amended the Health Care Right of Conscience Act. Specifically, it would have provided that it is a violation for any person or public official, or for any public or private association, agency, corporation, entity, institution, or employer, to take any measures or impose any requirements intended to prevent contraction or transmission of COVID-19 or any pathogens that result in COVID-19 or any of its subsequent iterations. Additionally, it would

have provided that each individual shall retain the rights to bodily autonomy, make the individual's own health care decisions, and be free to accept or refuse any health or medical intervention, testing, treatment, or vaccination.

**[HB 5119](#) (Rep. David Welter)  
Unemployment Vaccine Waiver  
Held in the House**

This bill would have amended the Unemployment Insurance Act to provide that an employer that requires an employee to receive a COVID-19 vaccine must waive the requirement if the employee, or, if the employee is a minor, the employee's parent or legal guardian, requests a waiver and submits a statement satisfying specified requirements. It also would have stated that an individual who is discharged from employment for refusing to receive a vaccination against COVID-19 would not be disqualified for benefits on account of such discharge.

**[HB 5568](#) (Rep. Fred Crespo)  
COVID Testing Site Standards  
Held in the House**

This legislation would have required IDPH to develop new standards for labs that test for COVID-19 and have opened since 2021. In addition, it would require the Department to maintain an adequately staffed hotline to receive complaints about COVID-19 testing sites and labs. IHA raised concerns about the possible duplicative regulation that could occur under this legislation.

**[SB 2983](#) (Sen. Darren Bailey)  
[HB 4239](#) (Rep. Adam Niemerg)  
COVID-19 Religious Exemption  
Both bills were held in each chamber**

This legislation would have created the COVID-19 Religious Exemption Act. Essentially, it would have reversed the previous amendments made to the Health Care Right of Conscious Act.