2025 Illinois General Assembly Session
BY THE NUMBERS

Spring Legislative Session Overview

6,745 **Bills introduced** in the first year of the 104th Illinois General Assembly

400 more than 2024

432 Bills passed

475 **Legislative measures tracked by IHA**

Nearly 1,500 individual amendments were filed this session.

Most were filed in the final few weeks leading up to the June 1 adjournment.

Amendments range from correcting a simple scriber's error to a complete overhaul of the bill and may range from one to several hundred pages. Each amendment must be reviewed to determine its impact, all with a short turn-around time.

IHA 2025 State Legislative Agenda

- Enhance Hospital Assessment Program
- Workforce development and safety
- Preserve 340B drug discount program
- No Medicaid cuts

Playing Defense

- Maintain NFP Property Tax Exemption
- Oppose Nurse/Hospital Staffing Ratios
- Amend or defeat other harmful legislation

Help Us Tell Your Powerful Story

Earlier this year IHA launched a new television, radio, and digital advertising campaign—***Healing Communities***—highlighting the life-saving care and vital community benefits provided by Illinois' hospitals and health systems. We invite you to share your community impact stories of how you are healing your communities—whether through addressing community needs, providing accessible healthcare, training future clinicians, or driving local economies. Check out our landing page—**team-iha.org/advocacy-policy/healing-communities**.

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END OF SESSION REPORT 2025

JULY 2025

Throughout the spring 2025 legislative session, IHA worked to advance critical legislation in support of hospitals and health systems statewide, while vigorously opposing numerous harmful and burdensome proposals.

The following IHA 2025 End of Session Report provides an overview of the many bills filed this spring session, providing key details on the Fiscal Year (FY) 2026 Illinois state budget as well as legislation impacting the hospital community.

Major Hospital Finance Bills

The Illinois legislature approved the FY 2026 state budget, hospital assessment, Medicaid Omnibus, and budget implementation bills. Each bill supports critical hospital financing and provisions relevant to hospitals and health systems.

FY 2026 State Budget (SB 2510/PA 104-0003)
The state FY 2026 budget approved by the General Assembly includes $55.2 billion in General Revenue Fund (GRF) spending supported by $55.4 billion in revenue.

Key hospital and healthcare provisions in the state FY 2026 budget:

- Does not include reductions to Medicaid eligibility or rates.
- Includes $120 million in legislative initiative grants to designated hospitals.
- Defunds the Health Benefits for Immigrant Adults (HBIA) Program, which provides medical coverage to undocumented immigrants aged 42 to 64.
- Funds fully the Health Benefits for Immigrant Seniors (HBIS) program.
- Maintains funding for hospital Healthcare Transformation Collaboratives.
- Includes funding for the new Illinois Dept. of Financial and Professional Regulation (IDFPR) licensing system.
- Retains $15 million in funding for the Pipeline for the Advancement of the Healthcare (PATH) Workforce Program to train new nurses, medical assistants, medical laboratory technicians, emergency medical technicians and other medical positions.
- Provides increased funding to the Illinois Dept. of Insurance (DOI) to implement the state-based marketplace operation in plan year 2026.
- Reappropriates $200 million in capital funding for the Healthcare Transformation Program.
- Increases funding for the Illinois Poison Center by $250,000.
- Appropriates $15 million to support the state's program to relieve medical debt for qualifying individuals.

- Appropriates $9 million to support the state's free and charitable clinics.

Hospital Assessment Program (HB 2771/PA 104-0007)
This legislation represents a collaborative effort between hospitals, the Pritzker Administration, and the legislature. The plan increases net hospital reimbursement by $1.47 billion, representing an overall average increase of 65% over current net reimbursements for hospital state directed payments. The payments and tax levels in the legislation prioritize funding to hospitals that are either highly dependent on the Medicaid program, or that the Medicaid program is highly dependent on as measured by the high volumes of care provided to Medicaid patients. Additionally, the program provides funding to rural Critical Access Hospitals and specialty providers, such as behavioral health, rehabilitation service and pediatric care providers.

A key principle for IHA in our discussions with the Illinois Dept. of Healthcare and Family Services (HFS) was to ensure that the allocations to each of our seven hospital classes mirror the framework in place today. This principle encourages field unity and prevents any unnecessary administrative reasons for not approving the plan. Importantly, this proposed plan conforms to all existing requirements. IHA believes that securing state-level enactment, followed by approval at the federal level, will afford the HAP some degree of protection. Currently, the proposed federal changes appear to include provisions that "grandfather" existing programs—like Illinois'—that were in place prior to the enactment date of the federal changes being discussed.

If the federal Centers for Medicare & Medicaid Services (CMS) approves the plan, the increased directed payments will be financed with a $982 million increase in the current hospital provider tax. The state will also receive an added $99 million scrape, which will be used to assist in cash flowing Medicaid reimbursements.

The legislation also includes assessment delinquency language providing HFS the authority it needs to enter repayment plans for hospitals to become current with their provider tax payments to the state. This step is necessary for the state's assessment tax to meet federal uniformity requirements. We believe the language in the amendment provides HFS the flexibility it needs to address this issue, while recognizing the fragile financial position of these hospitals.

Medicaid Omnibus (SB 2437/PA 104-0009)
The Medicaid Omnibus is a package of legislative initiatives typically spearheaded by the bipartisan, bicameral legislative Medicaid Working Group. Many of the initiatives in this omnibus originated as stand-alone legislation that was negotiated into the larger package. In total, this legislation includes 16 initiatives that impact the Medicaid program, which are far fewer than previous years and reflective of the tight fiscal landscape. The legislation makes the following changes:

- Establishes doula policies for Medicaid patients and requires hospitals to develop and post policies that allow a doula for Medicaid-enrolled patients, to provide support before, during and after birth. The legislation prohibits a hospital from counting the doula as a support person or against the guest quota. However, hospitals do not have to allow access to doulas when that access is not consistent with generally accepted medical standards or practices. (HB 2423)
- Provides HFS emergency rulemaking authority to file Medicaid managed care organization (MCO) standardization and transparency rules that govern MCO practices by July 1, 2025, and adopt permanent, regular rules by Oct. 1, 2025.
- Changes the implementation date for the "72-hour rule" and Gold Card Program from July 1, 2025 to July 1, 2026.
- Combines the Asylum Applicants and Torture Victims (AATV) and Victims of Trafficking, Torture and Other Serious Crimes (VTTC) programs under HFS, two state-funded medical programs for non-citizens, and clarifies these programs are separate from the VTTC cash benefits provided under the Illinois Dept. of Human Services (DHS). (HB 2699)
- Requires HFS to publish reports on the Medicaid program's compliance with serious mental illness drug utilization management prohibitions and other related data, including emergency room primary diagnoses and hospital readmissions based on primary diagnoses. (HB 2871)
- Limits one of the conditions that prohibit fee-for-service (FFS) Medicaid and MCOs from using prior authorization mandates and utilization management controls for prescription drugs used to treat serious mental illness. Language previously prohibited these controls for any patient who was stable on an existing drug and changed from any insurance plan to a Medicaid plan, while new language only maintains these prohibitions for a patient who has changed from one Medicaid plan to another Medicaid plan.
- Allows hospitals in counties with fewer than 325,000 inhabitants to operate in multiple locations within contiguous counties, under certain conditions.
- Creates the Certified Family Health Aide Program for Children and Adults Program, a pathway to allow payments to family caregivers for persons approved to receive in-home shift nursing services. (SB 2434)
- Requires HFS to create screening guidelines for Tardive Dyskinesia. (HB 2871)
- Requires HFS to conduct an evaluation of rate setting methodology and reimbursement for the Medically Fragile and Technology Dependent Children (MFTD) Program. (HB 2558)
- Requires the Medical Assistance Program to reimburse diagnostic testing facilities providing long-term ambulatory electrocardiogram monitoring services. (HB 2508)
- Requires the Medical Assistance Program to reimburse for over-the-counter choline dietary supplements for pregnant individuals. (HB 1504)
- Updates the reference to "3M" in statute to the company's new name "Solventum" and clarifies Solventum is the exclusive provider of the APR-DRG and EAPG software used by HFS. (HB 3273)

- Includes language for state agencies to provide information on child support resources.
- Adds job title codes for nursing home staffing ratio requirements. (HB 2922)
- Allows HFS to obtain a tax uniformity waiver for not-for-profit freestanding cancer hospitals.

Budget Implementation Bill (BIMP) (HB 1075/PA 104-0002)
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.

- Requires HFS, under the direction of the Governor's Office, to engage in healthcare strategy and delivery planning efforts to determine steps to strengthen Safety Net Hospitals and other healthcare systems for long term sustainability.
- Requires HFS to provide notice to the Director of the Governor's Office of Management and Budget (GOMB) prior to making, causing or agreeing to advance payments to hospitals. Additionally, HFS is required to provide GOMB with a report of FY 2025 advance payments made to hospitals by July 31, 2025 and by Aug. 29, 2025; requires HFS to report on these payments to GOMB monthly.
- Pauses the $3.75 million monthly GRF transfer to the Budget Stabilization Fund ("Rainy Day Fund") between July 1, 2025 through June 30, 2026.
- Requires the Illinois Dept. of Human Services (DHS) to make available expenditure grant funds to the Illinois Housing Development Authority (IHDA) beginning on the date the funds are distributed by the state. Stipulates that the IHDA is not required to expend or return grant funds within the two-year limit.
- Includes a GRF transfer to the Fund for Illinois' Future, which is used to make payments to hospitals.
- Creates a special provision for only FY 2026, that allows for a transfer among line-item appropriations to a state agency from the same state treasury fund for operational or lump sum expenses only, not to exceed 4% of the aggregate amount appropriated to that agency for operational or lump sum expenditures.
- Allows for an exemption from the Procurement Code for a procurement to make a change to the Illinois Dept. of Healthcare and Family Services (HFS) Integrated Eligibility System (IES) that is necessary to meet federal mandates and requirements.
- Allows DHS to adopt emergency rules to support the consolidation of the Youth Drug Abuse Treatment Fund into the broader Drug Treatment Fund, creating greater flexibility for substance use treatment funding by eliminating age restrictions.
- Extends Illinois Emergency Management Agency (IEMA) funding for "target-hardening" activities and other security enhancements to non-profits at high risk of terror attack to organizations providing medical or mental health services, which were previously prohibited. However, it prohibits the provision of funds to reproductive/maternal health entities who provide reproductive or maternal healthcare or counseling.

- Removes the crisis assistance eligibility limitation/funding ceiling. Currently, homeless families, where homelessness is a result of certain specific circumstances, may receive crisis assistance only once per year. This change removes that annual limitation and requires HFS to provide no less than $1,250 to eligible families for up to four months, which replaces language that specifies eligible expenses, such as moving expenses, short term rental costs, and others.
- Removes the Medicaid-Medicare Alignment Initiative Plan (MMAI) from the member months exempted from the Medicaid MCO assessment program. This will increase revenue to the state from this assessment program.
- Creates the Budget Reserve for Immediate Disbursements and Governmental Emergencies (BRIDGE) Fund to provide supplemental money in the event of unanticipated delays or failure in revenue and requires the State Treasurer to transfer funds from specified funds into the BRIDGE Fund, including $1 million from the Hospital Licensure Fund.
- Includes language that if the HAP legislation (HB 2771) becomes law, the legislation permits HFS to transfer unpaid HAP taxes and penalties collected from the Hospital Provider Fund to the Healthcare Provider Relief Fund. This transfer may only occur if there are no outstanding assessment-related payments due to hospitals that cannot be paid from the funding remaining in the Hospital Provider Fund after this transfer.

Playing Defense

Each year, IHA and the larger hospital community devote considerable time seeking to sideline bad or poorly informed legislation. The spring 2025 legislative session was the most challenging session in recent memory in terms of the type, scope, and sheer volume of bills brought forward. IHA's quick action, tight messaging, and emphasis on field unity were essential to defeating and favorably amending dozens of bad bills throughout session.

The list below includes many harmful or ill-advised bills that IHA successfully worked to block and prevent from advancing this session.

Hospital Operations

Healthcare – Access to Records (HB 1100)
The legislation conflicted with existing law regarding medical records and would have subjected hospitals to increased liability for infringing on a new "patient right to records."

Guardian – Adult with Disabilities (HB 1198)
This legislation sought to require the State Guardian or county public guardian as the temporary and permanent guardian of the person or estate if the petition for guardianship is filed by a person, corporation, nonprofit organization, or other entity with no legally recognized relationship to the alleged person with a disability, which would threaten timely action for disabled patient care and discharge.

Patient Rights – Next of Kin (HB 1354/HB 2812)
This legislation would have permitted the next of kin of a patient on life support to remain with the patient, at the patient's bedside, for any amount of time, irrespective of the patient's wishes, or previous directives.

Civil Procedure Refusal of Service (HB 1391)
This legislation would have prohibited a defendant from refusing to waive service of summons unless they had good cause. Refusing to waive service without good cause would have resulted in the defendant being responsible for the plaintiff's expenses incurred in making service and the reasonable expenses, including attorney's fees, of any motion required to collect such expenses.

Medically Necessary Vaccine (HB 1569)
This legislation would have required hospitals to administer any available vaccine upon request, regardless of vaccine prioritization protocols or department. The bill also conflicted with federal funding requirements for child vaccines.

Hospitals – Fentanyl Testing (HB 1626)
This legislation would have created a costly and administratively burdensome requirement for hospitals with a chemical analyzer to report deidentified positive fentanyl urine test results to IDPH's Health Information Exchange (HIE). IDPH discontinued its HIE several years ago.

Vital Records – Death Certificate (HB 2781/SB 1640)
This legislation would have required a hospital administrator, not the funeral director, to initiate the death registration file in the IDPH system when a patient dies at the hospital.

Healthcare Transparency Act (HB 2904/SB 1679)
This legislation sought to require hospitals to publicly report all available reproductive healthcare services (i.e., abortion), LGBTQ healthcare services (i.e., gender affirming care) and end-of-life healthcare services.

Domestic Violence – Records (HB 3286)
Although IHA came to an agreement on language permitting additional hospital disclosure of patient records related to domestic violence fatality reviews, concerns remain from some patient advocates. IHA will continue to be engaged.

Professional Misconduct (HB 3711)
This legislation established unwieldy, excessive, and mandatory reporting requirements for all healthcare professionals working in hospitals/hospital affiliates. Work continues on this legislation over the summer.

Private Professional Guardians (HB 3811)
This legislation established and set requirements for private professional guardians to serve as guardians for 15 or more individuals with disabilities requiring, in part, that hospitals notify the Office of State Guardian and the public guardian of the county where the patient resides if there is nobody who is ready, willing and able to assist that adult patient, with no exception for counties that don't have a public guardian.

Hospital Employee – Panic Button (SB 1435)
This legislation sought to require hospitals to provide panic buttons for all staff, which they had to wear on their name badge.

Patient Rights (SB 1579)
This legislation would have amended the Medical Patient Rights Act to provide a host of new patient rights, many of which were unclear and unworkable to implement.

Clinical Practice and Patient Care

Donate Blood - MRNA Vaccines (HB 1105)

This legislation sought to require blood donors to attest as to whether they received a COVID-19 vaccine and required hospitals to provide information to patients receiving a blood transfusion whether the blood contained COVID-19 vaccine along with the right for the patient to refuse the transfusion.

Right of Conscience - COVID-19 (HB 1401)
This legislation would have amended the Health Care Right of Conscience Act to repeal the provisions related to COVID-19.

Healthcare Availability (HB 1443/SB 66)
This legislation sought to create a special Board to determine whether certain prescription drugs were prohibitively costly. If determined to be too costly, the Board would adopt the Medicare Maximum Fair Price as the upper payment limit for prescription drug products, minimizing the out-of-pocket cost to patients but also lowering the reimbursement rate for providers. Drugs purchased through the 340B program were not exempt from this process.

Operating Room Safety Act (HB 1598/SB 251)
This legislation sought to eliminate two of the three legitimate pathways to train surgical technologists, which among other side effects, would jeopardize patients' access to care and close off pathways to entering the profession. *Click here* to access IHA's fact sheet.

Newborn Safety Device (HB 2492)
This legislation established weak liability protections that would have permitted hospitals, fire stations, police stations, or emergency medical facilities to install a "newborn safety device," which is defined in the legislation as basically a drop-off device through which a newborn can be placed with an automatically locking exterior door and an interior door for medical personnel retrieval.

DHFS – Psychotropic Drugs – Kids (HB 2512)
This legislation created duplicative and unnecessary requirements for prescribers of psychotropic drugs and harmful penalties for noncompliance, including suspension of Medicaid reimbursement.

COVID-19 Religious Exemption (HB 2597)
This legislation sought to make it unlawful for any person, public or private institution, or public official, to discriminate against any person in any manner because of such person's refusal to obtain, receive, or accept a COVID-19 vaccination contrary to his or her belief. It would have required all healthcare facilities to adopt written access to care and information protocols designed to ensure that belief-based objections do not cause impairment of patients' health and that explain how belief-based objections will be addressed in a timely manner to facilitate patient care.

ANCRA – Medical Professional (HB 3169/SB 1684)
This legislation created requirements for healthcare providers that increased the risk of violence targeting specialized child abuse pediatricians in hospitals.

Abandoned Infants – Rescue Pods (HB 3600)
This legislation did not contain specific liability protections that would have permitted hospitals to install a "child rescue pod," which is vaguely defined, but appears to be similar to the "newborn safety device" defined under HB 2492.

Billing Practices and Facility Fees

Health Care Facility Fee Act (HB 1434)
This legislation would have created the Health Care Facility Fee Transparency Act, requiring hospitals and health systems to disclose facility fees via administratively burdensome written notice to patients ten days prior to non-emergency scheduled services and as soon as practicable for patients requiring emergency services. Many of the requirements under this bill were duplicative of federal price transparency and surprise billing requirements.

Fair Patient Bill – Itemization (HB 3856)
This legislation sought to amend the Fair Patient Billing Act to require hospitals to provide patients with an itemized statement of charges for all inpatient and outpatient services unless the patient opted out of receiving such a statement.

Fair Patient Billing (HB 3593)
This legislation would have amended the Fair Patient Billing Act and the Hospital Uninsured Patient Discount Act by requiring hospitals that outsource or contract with third-party providers to continue the hospital's financial assistance and charity care obligations under these Acts as though outsourced care was being provided by the hospital. Hospitals would have been responsible for ensuring third-party healthcare providers followed financial assistance, charity care, financial assistance screening, payment plan, and collections requirements.

Hospital Price Transparency (SB 232)
This legislation would have created the Hospital Price Transparency Act, duplicating federal hospital price transparency requirements and requiring hospitals to submit annual reports to the IDPH on numerous price transparency issues.

Fair Patient Billing (SB 1223)
This legislation would have amended the Fair Patient Billing Act regarding the collection actions of medical creditors/debt collectors and prohibiting or limiting hospitals from charging interest on medical expenses owed by a patient depending on whether the patient qualifies for financial assistance.

Telehealth Facility Fees (SB 1974)
This legislation would have prohibited healthcare providers, facilities, or associated entities from imposing or collecting a facility fee in connection with any telehealth services provided to patients in the State of Illinois.

Hospital Billing Disclosures (SB 2107)
This legislation would have required hospitals to provide patients an itemized list of services for which labor and delivery patients were billed within 30 days post-discharge, including the dollar amount owed by the patient for each service, the dollar amount paid by insurance for each service, and a checklist updating the patient or the patient's healthcare provider on what has or has not been paid.

Facility Fee Transparency (SB 2182)
This legislation would have prohibited hospitals from charging facility fees for preventive services as defined under the Affordable Care Act, and restricted the billing of facility fees for all other services.

Government Run Healthcare

Three bills filed this year sought to create government-run healthcare systems covering all Illinois residents under a new health plan with no cost-sharing for covered, medically necessary services. Providers would have been required to participate in these health plans, with reimbursement options including fee-for-service, global budgets, or capitated payments. The three bills were the **Illinois Universal Health Care Act** (HB 3780), the **Health Care for All Illinois Act** (HB 3568) and the **Illinois Medicare for All Health Care Act** (HB 3287).

Employment Law/Contracting

Freedom to Work – Covenant Rate (HB 1642)
This legislation would have amended the Illinois Freedom to Work Act such that beginning on Jan. 1, 2026, no employer could have entered into a covenant not to compete or a covenant not to solicit with any employee unless the employee's actual or expected annualized rate of earnings exceeded $300,000 per year.

Medicaid – Healthcare Workers (HB 1784)
This legislation sought to extend Medicaid coverage to healthcare workers with a premium ceiling no higher than 5% of the individual's annual income.

Hospital Workforce Insurance (HB 1931)
This legislation would have required all hospitals licensed under the Hospital Licensing Act and the University of Illinois Hospital Act to provide health insurance coverage to their entire workforce.

Freedom to Work – Healthcare (HB 2561)
This legislation would have amended the Illinois Freedom to Work Act to create an exemption from covenants not to compete and covenants not to solicit for those healthcare practitioners who provide reproductive healthcare or maternity care if such covenants would likely reduce the availability of reproductive healthcare or maternity care.

State Agency Bonus Prohibition (HB 2693)
This legislation would have prohibited hospitals from using state grant funds for employee bonuses.

Certificate of Need/Hospital Reporting

Acute Care Hospital Closure (HB 3453)
This legislation would have created a separate notification process for hospitals choosing to close in-patient psychiatric or perinatal services.

Annual Hospital Report (HB 3674/SB 1808)
This legislation sought to require hospitals to submit additional reporting on the Annual Hospital Questionnaire regarding the total purchasing budget, while also eliminating the current capital expenditure threshold.

Mandated Staffing Ratios

Four bills this session proposed mandatory staffing committees/ratios in a variety of formats, for nurses, professional, technical, and service staff at all Illinois hospitals, and required hospital-wide staffing plans to be submitted to IDPH and the Illinois Dept. of Labor (IDOL). In addition, the various bills included additional reporting, public posting of staffing plans, audits, investigations, and penalties. One bill even required all healthcare workers and their personal information to be available to the public and online. These four bills were: **Hospital Staffing Levels (SB 21)**, the **Hospital Staffing Plans Act (SB 259)**, the **Safe Patient Limits Act (SB 2022)** and **Hospital Worker Staff and Safety (HB 3512)**.

Favorably Amended and Advanced

Hospital Operations

Health Care Workforce Task Force (SB 593)
Following extensive negotiations with the Pritzker Administration and legislative leaders—and with valuable input from the hospital community—IHA successfully advocated for legislation creating a Health Care Workforce Task Force. The task force will unite stakeholders from the General Assembly, state agencies, healthcare providers, labor, and education to develop actionable, long-term solutions to Illinois' most urgent healthcare workforce challenges. Its work will focus on strategies to:

- Strengthen recruitment and retention;
- Reduce regulatory obstacles around licensure;
- Expand workforce pipeline and training programs;
- Enhance workplace safety and reduce violence; and
- Promote access to healthcare careers.

IHA will collaborate with IDPH and other stakeholders to support implementation after the Jan. 1 effective date. IHA will also help guide the task force's work by shaping agendas, involving hospital leaders, and contributing to the final report to the Governor and General Assembly.

Hospital Emergency Contact (HB 1332)
This legislation was successfully amended to permit a patient, upon admission, to establish an emergency contact. Should the patient die in the hospital, the hospital would be required to provide that information over the phone to the emergency contact, but only if the patient signed documentation could that personal health information be shared. This was a significant improvement to the bill as filed, which was both vague and would have put hospitals at risk of HIPAA violations.

Facility – Transfer and Discharge (HB 1597)
This legislation will help address issues regarding patient dumping at hospitals from long-term care facilities. As written, this legislation provides further authority to enforce action under the Nursing Home Care Act, which prohibits an entity to refuse to readmit a resident following medical leave if the resident's need does not exceed the provisions of the facility or its license.

IDPH – POLST Training (HB 1712)
Originally empowering IDPH to oversee and hold hospitals, healthcare facilities, and other facilities accountable for training on completion of practitioner orders for life-sustaining treatment (POLST) forms, the bill now permits IDPH to approve and post trainings and limits the oversight and accountability for training on completion of POLST forms to facilities licensed and classified to provide intermediate care or skilled nursing care under the Nursing Home Care Act.

IDPH – Illinois DROP Act Duties (HB 2346)
This legislation favorably amended the Drug Reuse Opportunity Program (DROP) Act to require IDPH to provide program support to participants. Program participation is voluntary; those that participate may have their records accessed by IDPH upon the Department's request.

Homelessness Resources (HB 3761)
This legislation, supported by IHA, will make existing homelessness resources easier to access for healthcare workers by creating a state webpage for providers to better access and use local, accurate and up-to-date homelessness resources. A training for healthcare providers by DHS and IHA will also be made available to promote website use and answer any frequently asked questions.

Prenatal Syphilis – Testing (SB 119)
At the behest of the IDPH, this legislation makes changes to the Prenatal Syphilis Act by requiring the third trimester test to occur between 27 through 32 weeks of gestation and will allow those moms who do test positive to start treatments prior to delivery.

Certificate of Need (SB 798)
This initiative of the Health Facilities and Services Review Board sought to clarify the definition of clinical and non-clinical spaces for Certificate of Need permit applications. Through IHA's advocacy efforts, language changes were made ensuring education space was not included in the final definition. Lastly, broader and initially unclear language related to healthcare systems was removed to enable additional work this summer.

Healthcare Surrogate – POLST (SB 1411)
This legislation amended the Illinois Living Will Act to prohibit a physician, healthcare provider, employee or facility from requiring the execution of a POLST form before putting into effect a qualified patient's living will. Reiterates the relationship between the Illinois Living Will Act, the Illinois Power of Attorney Act, and the Health Care Surrogate Act. Defines when a living will is "operative."

Billing Practices/Coverage/Facility Fees

General Anesthesia Coverage (HB 1141)
The amended bill requires commercial health insurers, within parameters, to cover all medically necessary anesthesia services for a procedure covered by the insurance policy. The decision about what is medically necessary must be made by the attending anesthesiologist or licensed anesthesia provider.

Facility Fee Transparency (HB 1431)
As favorably amended, the bill now requires hospitals to develop a policy to inform patients that they may be subject to a facility fee. The policy must include the method the facility will use to inform patients that they may be charged a facility fee; the services and operating

expenses generally covered by facility fees; the reason for charging a facility fee; and contact information for the patient to request additional information. IHA will release additional guidance in the coming months.

Benefits Exchange Easy Enrollment (HB 3756)
This legislation will assist uninsured individuals and their dependents in obtaining coverage on the Illinois Health Benefits Exchange through special open enrollment periods.

Employment Law

Victims Safety – Electronics (HB 1278)
This legislation amends the Victims' Economic Security and Safety Act to prohibit an employer from retaliating against an employee or depriving an employee of employer-issued equipment solely because the employee used employer-issued equipment to record domestic violence, sexual violence, gender violence, or any other crime of violence committed against the employee or a family or household member of the employee. Also requires an employer to grant an employee access to any photographs, voice or video recordings, sound recordings, or any other digital documents or communications stored on an employer-issued device relating to domestic violence, sexual violence, gender violence, or any other crime of violence committed against the employee or a family or household member of the employee.

Dillon's Law (HB 2462)
This legislation creates greater flexibility to dispense and administer epinephrine delivery systems; permits a statewide standing order for trained individuals to dispense epinephrine; and limits liability for civil damages of authorized individuals who act in good faith when providing or administering epinephrine.

Sexual Assault Treatment

A number of changes to the Sexual Assault Survivors Emergency Treatment Act (SASETA) were achieved this session. Specific bills that amended SASETA are described below.

Voucher – Taxi and Car Share (SB 1274)
This legislation clarifies that a sexual assault services voucher issued to a sexual assault survivor may be used to seek payment for various transportation options, including ride shares.

Sexual Assault Treatment (SB 1602)
This legislation reflects over a year of collaboration among the Attorney General's office, hospitals, and other stakeholders, and includes key changes to ease unduly burdensome transfers, clarify reimbursement for transfer hospitals, and enhance support for survivors receiving follow-up care under SASETA.

Behavioral Health

MHDD CD – Outpatient Treatment (HB 2387)
IHA advocacy efforts led to a successful clarification that hospital admission authority remains with the healthcare provider, while custodians solely have the authority to consent to hospital inpatient admission of non-compliant respondents of an outpatient commitment order. The legislation provides the circuit court with jurisdiction over all persons subject to outpatient commitment until 2030; creates annual reporting requirements on the total number of individuals subject to these orders; and provides that noncompliance will not be the basis for a finding of contempt.

Healthcare Protection Act 2.0 (HB 3019/PA 104-0028)
Following successful negotiations with the sponsors, prohibitions on prior authorization and concurrent review for the first 72 hours of hospital inpatient behavioral health are maintained and additional protections are broadened to partial hospitalization and outpatient services, with conditions. Further details will be shared in an IHA memo.

DHS – Healthcare Administration (HB 3078)
Reflecting several years of discussions with DHS and the Illinois Criminal Justice Information Authority, an IHA recommendation to include physician assistants and advanced practice psychiatric nurses in the existing healthcare workforce that can carry out mandated Firearm Owner Identification mental health reporting was successfully incorporated.

Unfit Misdemeanant Diversion (HB 3572)
Permits DHS to collaborate with behavioral health providers, including private hospitals, that agree to provide a continuum of treatment options to participants of a misdemeanant diversion program, including involuntary inpatient admission.

MHDD – OIG Investigations (HB 3718)
This legislation was successfully amended to eliminate DHS' investigatory oversight of private hospitals and to streamline state requirements for abuse, neglect and financial exploitation related to recipients of mental health and developmental disabilities services.

Mental Health – Kids – BEACON (SB 1560)
IHA collaborated with the Governor's office to successfully streamline multiple hospital administrative requirements for youth in inpatient psychiatric care into one requirement to enter a child into the BEACON portal prior to calling the Illinois Dept. of Children and Family Services.

Psychiatric Residential Facility (SB 2421)
This legislation requires HFS to submit a State Plan Amendment to federal CMS to establish Medicaid coverage of Psychiatric Residential Treatment Facilities for individuals under 21 years of age and to establish rules for implementation, monitoring and oversight of these facilities.

Mobile Mental Health Providers (SB 2500)
As a result of IHA's advocacy, the bill restores law enforcement authority to provide transportation to hospitals to protect individuals from immediate harm, while creating several other critical reforms to assist with implementation of the Community Emergency Services and Support Act.