

AMITA Health is planning to convene an Advocacy Affinity Group! The Advocacy Affinity group will allow interested associates to engage in and advocate for AMITA Health priorities on the local, state and federal level. A call for interested parties will be scheduled soon.

The Illinois General Assembly had been in recess throughout the summer but reconvened on August 31 to vote on new State Legislative districts after multiple challenges to previously drawn maps, the new House maps may be viewed [here](#), and the new Senate maps may be viewed [here](#). The Senate and House came together again in recent days to vote on a negotiated clean energy jobs package, [SB 2408](#), which passed both chambers and was immediately signed into law on September 15. The legislature is not scheduled to meet again until veto session in mid-October.

As you are likely aware, on August 26 Governor Pritzker issued an Executive Order requiring healthcare workers, schools and higher education staff and students to be vaccinated. A week later a new [Executive Order 2021-22](#) was issued delaying the deadline to September 19.

In the state budget passed during the last days of the Spring legislative session, \$180 Million of federal ARPA funds was allocated to Illinois Hospitals with \$30 M of that dedicated to safety nets. Guidance on distribution of the funds has not been published though it is expected soon.

Also, in the budget and budget implementation bill are the increased inpatient psychiatric per diem rate and the repeal of the 3.5% SMART Act cuts, respectively. The Department of Healthcare and Family Services is required to submit a State Amendment for both initiatives, The State Plan Amendment which allows for the inpatient psychiatric per diem rate increase has received federal approval. Notice to restore SMART Act cuts has been submitted and a federal response is pending.

In the past few weeks Governor Pritzker has acted on hundreds of pieces of legislation, including signing multiple AMITA priorities into law. See below, links included, for additional details on legislation, contact the Director of Government Relations, Julie.Mirostaw@amitahealth.org with questions.

Bill	Subject	Public Act	Effective date
HB 3308	Telehealth parity	102-0104	7/22/21
SB 2153	Nurse Staffing Improvement Ratio	102-0641	8/27/21
HB 711	Prior Authorization Reform Act	102-0409	1/1/22
HB 1776	DCFS rate – psychiatric stays	102-0201	7/30/21
HB 2595	Ins – Mental Health – Medical Necessity	102-0579	1/1/22
SB 1840	Community Benefit/Financial Assistance Act	102-0581	1/1/22
HB 158	Black Caucus Health Care Pillar	102-0004	4/27/21
SB 72	Prejudgment Interest	102-0006	7/1/21

The following is additional legislation relevant to AMITA Operations. PA, Public Act, indicates the bill has been signed by Governor Pritzker.

[Senate Bill 677/PA 102-0399](#)

SB 677 requires licensed health care professionals, who has continuing education requirements and who has direct patient interaction with adults age 26 and older, to complete at least a one-hour course in diagnosis, treatment, and care on Alzheimer’s and other dementias. The curriculum will include content on how to identify and diagnose Alzheimer’s, effective communication strategies, and management and

care planning. SB 677 applies to license and registration renewals occurring on or after January 1, 2023. SB 677 was effective upon being signed into law, August 16, 2021.

[Senate Bill 1682/PA 102-0400](#)

SB 1682 requires pharmacies to provide customers with the retail price of a prescription drug, both in writing and electronically prior to purchase. If the customer's cost-sharing price for a prescription exceeds the current pharmacy retail price, the pharmacy must explicitly make that clear. To provide greater transparency, the legislation also removes a provision that limits consumers, who have a prescription, to only ten requests for disclosure of the retail price of prescription drugs or medical devices. SB 1682 takes effect January 1, 2022.

[House Bill 119/PA 102-0389](#)

HB 119 formalizes the legal process for donating unused prescription drugs to certified pharmacies or health departments. By establishing a prescription drug repository program, prescription and over-the-counter medication that remain unexpired and unopened can be returned to pharmacies and reused for eligible populations. Additional guidelines include detailed record keeping for this program and an immunity provision for the recipient and manufacturer of the donated drugs. HB 119 takes effect January 1, 2022.

[House Bill 1745/PA 102-0391](#)

HB 1745 limits the total monthly out-of-pocket costs for prescription drugs. The legislation requires insurance companies to offer at least 10 percent of individual plans and one group plan with flat out-of-pocket payments by January 1, 2023. Furthermore, insurance companies must offer at least 25 percent of individual plans and two group plans with that benefit by January 1, 2024. These measures will help control out-of-pocket costs for residents across Illinois.

[House Bill 714/PA 102-0183](#)

House Bill 714 will expand the circumstances that a healthcare facility must provide a patient one complete copy of their medical records free of charge. Unless otherwise directed by applicable federal or state law, Article VIII, Part 20 of the Illinois Code of Civil Procedure ("CCP") establishes the maximum fees that a healthcare facility or its independent copy service provider may charge for copies of records under Illinois law. A healthcare facility under the CCP is a public or private hospital, ambulatory surgical treatment center, nursing home, independent practice association, physician-hospital organization, or any other entity providing health care services to any person but excludes a healthcare practitioner. Effective January 1, 2022.

[Senate Bill 967](#)

The Improving Healthcare for Pregnant and Postpartum Individuals Act seeks to address many of the facets impacting overall maternal health, maternal mortality, and maternal morbidity. SB 967 requires a birthing facility to have a written policy in place in addition to continuing education and training for obstetric hemorrhage and hypertension. The written policy, education and training is extended to include other leading causes of maternal mortality. Further, birthing facilities shall incorporate into these policies best practices for identification and assessment for common pregnancy or postpartum complications, defined as 12-months post-delivery. SB 967, among other provisions, requires DHS to

expand and update its maternal child health programs to serve pregnant and postpartum individuals determined to be high-risk. Governor Pritzker signed SB 967 on Friday, September 17 at which point it became law.