

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Network Adequacy and Transparency Act is
5 amended by changing Section 20 as follows:

6 (215 ILCS 124/20)

7 Sec. 20. Transition of services.

8 (a) A network plan shall provide for continuity of care
9 for its beneficiaries as follows:

10 (1) If a beneficiary's provider leaves the network
11 plan's network of providers for reasons other than
12 termination of a contract in situations involving imminent
13 harm to a patient or a final disciplinary action by a State
14 licensing board and the provider remains within the
15 network plan's service area, if benefits provided under
16 such network plan with respect to such provider or
17 facility are terminated because of a change in the terms
18 of the participation of such provider or facility in such
19 plan, or if a contract between a group health plan and a
20 health insurance issuer offering a network plan in
21 connection with the group health plan is terminated and
22 results in a loss of benefits provided under such plan
23 with respect to such provider, then the network plan shall

1 permit the beneficiary to continue an ongoing course of
2 treatment with that provider during a transitional period
3 for the following duration:

4 (A) 90 days from the date of the notice to the
5 beneficiary of the provider's disaffiliation from the
6 network plan if the beneficiary has an ongoing course
7 of treatment;

8 (A-5) 90 days from the date of the notice to the
9 beneficiary of the provider's disaffiliation from the
10 network plan if the beneficiary has a confirmed
11 appointment and the provider attests that the
12 appointment was scheduled prior to the date of
13 notification; or

14 (B) if the beneficiary has entered the third
15 trimester of pregnancy at the time of the provider's
16 disaffiliation, a period that includes the provision
17 of post-partum care directly related to the delivery.

18 (2) Notwithstanding the provisions of paragraph (1) of
19 this subsection (a), such care shall be authorized by the
20 network plan during the transitional period in accordance
21 with the following:

22 (A) the provider receives continued reimbursement
23 from the network plan at the rates and terms and
24 conditions applicable under the terminated contract
25 prior to the start of the transitional period;

26 (B) the provider adheres to the network plan's

1 quality assurance requirements, including provision to
2 the network plan of necessary medical information
3 related to such care; and

4 (C) the provider otherwise adheres to the network
5 plan's policies and procedures, including, but not
6 limited to, procedures regarding referrals and
7 obtaining preauthorizations for treatment.

8 (3) The provisions of this Section governing health
9 care provided during the transition period do not apply if
10 the beneficiary has successfully transitioned to another
11 provider participating in the network plan, if the
12 beneficiary has already met or exceeded the benefit
13 limitations of the plan, or if the care provided is not
14 medically necessary.

15 (4) The provisions of this Section governing health
16 care provided during the transition period do not apply if
17 the provider or the beneficiary, as set forth in item
18 (A-5) of paragraph (1) of subsection (a), reschedules an
19 appointment or schedules any follow up appointments after
20 90 days from the date of notice provided in Section 15.

21 (b) A network plan shall provide for continuity of care
22 for new beneficiaries as follows:

23 (1) If a new beneficiary whose provider is not a
24 member of the network plan's provider network, but is
25 within the network plan's service area, enrolls in the
26 network plan, the network plan shall permit the

1 beneficiary to continue an ongoing course of treatment
2 with the beneficiary's current physician during a
3 transitional period:

4 (A) of 90 days from the effective date of
5 enrollment if the beneficiary has an ongoing course of
6 treatment;

7 (A-5) of 90 days from the effective date of
8 enrollment if the beneficiary has a confirmed
9 appointment and the current provider attests that the
10 appointment was scheduled prior to the effective date
11 of enrollment; or

12 (B) if the beneficiary has entered the third
13 trimester of pregnancy at the effective date of
14 enrollment, that includes the provision of post-partum
15 care directly related to the delivery.

16 (2) If a beneficiary, or a beneficiary's authorized
17 representative, elects in writing to continue to receive
18 care from such provider pursuant to paragraph (1) of this
19 subsection (b), such care shall be authorized by the
20 network plan for the transitional period in accordance
21 with the following:

22 (A) the provider receives reimbursement from the
23 network plan at rates established by the network plan;

24 (B) the provider adheres to the network plan's
25 quality assurance requirements, including provision to
26 the network plan of necessary medical information

1 related to such care; and

2 (C) the provider otherwise adheres to the network
3 plan's policies and procedures, including, but not
4 limited to, procedures regarding referrals and
5 obtaining preauthorization for treatment.

6 (3) The provisions of this Section governing health
7 care provided during the transition period do not apply if
8 the beneficiary has successfully transitioned to another
9 provider participating in the network plan, if the
10 beneficiary has already met or exceeded the benefit
11 limitations of the plan, or if the care provided is not
12 medically necessary.

13 (4) The provisions of this subsection governing health
14 care provided during the transition period do not apply if
15 the provider or the beneficiary, as set forth in item
16 (A-5) of paragraph (1) of subsection (b), reschedules an
17 appointment or schedules any follow up appointments after
18 90 days from the effective date of enrollment.

19 (c) In no event shall this Section be construed to require
20 a network plan to provide coverage for benefits not otherwise
21 covered or to diminish or impair preexisting condition
22 limitations contained in the beneficiary's contract.

23 (d) A provider shall comply with the requirements of 42
24 U.S.C. 300gg-138.

25 (Source: P.A. 103-650, eff. 1-1-25.)

26 Section 99. Effective date. This Act takes effect January

1 1, 2027.