



Rep. Hoan Huynh

**Filed: 4/2/2025**

10400HB3796ham001

LRB104 09757 BAB 24539 a

1 AMENDMENT TO HOUSE BILL 3796

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3796 by replacing  
3 everything after the enacting clause with the following:

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

1 facility are terminated because of a change in the terms  
2 of the participation of such provider or facility in such  
3 plan, or if a contract between a group health plan and a  
4 health insurance issuer offering a network plan in  
5 connection with the group health plan is terminated and  
6 results in a loss of benefits provided under such plan  
7 with respect to such provider, then the network plan shall  
8 permit the beneficiary to continue an ongoing course of  
9 treatment with that provider during a transitional period  
10 for the following duration:

11 (A) 90 days from the date of the notice to the  
12 beneficiary of the provider's disaffiliation from the  
13 network plan if the beneficiary has an ongoing course  
14 of treatment;

15 (A-5) 90 days from the date of the notice to the  
16 beneficiary of the provider's disaffiliation from the  
17 network plan if the beneficiary has a confirmed  
18 appointment and the provider attests that the  
19 appointment was scheduled prior to the date of  
20 notification; or

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

25 (2) Notwithstanding the provisions of paragraph (1) of  
26 this subsection (a), such care shall be authorized by the

1 network plan during the transitional period in accordance  
2 with the following:

3 (A) the provider receives continued reimbursement  
4 from the network plan at the rates and terms and  
5 conditions applicable under the terminated contract  
6 prior to the start of the transitional period;

7 (B) the provider adheres to the network plan's  
8 quality assurance requirements, including provision to  
9 the network plan of necessary medical information  
10 related to such care; and

11 (C) the provider otherwise adheres to the network  
12 plan's policies and procedures, including, but not  
13 limited to, procedures regarding referrals and  
14 obtaining preauthorizations for treatment.

15 (3) The provisions of this Section governing health  
16 care provided during the transition period do not apply if  
17 the beneficiary has successfully transitioned to another  
18 provider participating in the network plan, if the  
19 beneficiary has already met or exceeded the benefit  
20 limitations of the plan, or if the care provided is not  
21 medically necessary.

22 (4) The provisions of this Section governing health  
23 care provided during the transition period do not apply if  
24 the provider or the beneficiary, as set forth in item  
25 (A-5) of paragraph (1) of subsection (a), reschedules an  
26 appointment or schedules any follow up appointments after

1           90 days from the date of notice provided in Section 15.

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

4           (1) If a new beneficiary whose provider is not a  
5 member of the network plan's provider network, but is  
6 within the network plan's service area, enrolls in the  
7 network plan, the network plan shall permit the  
8 beneficiary to continue an ongoing course of treatment  
9 with the beneficiary's current physician during a  
10 transitional period:

11           (A) of 90 days from the effective date of  
12 enrollment if the beneficiary has an ongoing course of  
13 treatment;

14           (A-5) of 90 days from the effective date of  
15 enrollment if the beneficiary has a confirmed  
16 appointment and the current provider attests that the  
17 appointment was scheduled prior to the effective date  
18 of enrollment; or

19           (B) if the beneficiary has entered the third  
20 trimester of pregnancy at the effective date of  
21 enrollment, that includes the provision of post-partum  
22 care directly related to the delivery.

23           (2) If a beneficiary, or a beneficiary's authorized  
24 representative, elects in writing to continue to receive  
25 care from such provider pursuant to paragraph (1) of this  
26 subsection (b), such care shall be authorized by the

1 network plan for the transitional period in accordance  
2 with the following:

3 (A) the provider receives reimbursement from the  
4 network plan at rates established by the network plan;

5 (B) the provider adheres to the network plan's  
6 quality assurance requirements, including provision to  
7 the network plan of necessary medical information  
8 related to such care; and

9 (C) the provider otherwise adheres to the network  
10 plan's policies and procedures, including, but not  
11 limited to, procedures regarding referrals and  
12 obtaining preauthorization for treatment.

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

20 (4) The provisions of this subsection governing health  
21 care provided during the transition period do not apply if  
22 the provider or the beneficiary, as set forth in item  
23 (A-5) of paragraph (1) of subsection (b), reschedules an  
24 appointment or schedules any follow up appointments after  
25 90 days from the effective date of enrollment.

26 (c) In no event shall this Section be construed to require

1 a network plan to provide coverage for benefits not otherwise  
2 covered or to diminish or impair preexisting condition  
3 limitations contained in the beneficiary's contract.

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

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

7 Section 99. Effective date. This Act takes effect January  
8 1, 2027."