



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB2904

Introduced 2/6/2025, by Rep. Dagmara Avelar

SYNOPSIS AS INTRODUCED:

New Act

Creates the Health Care Transparency Act. Provides that the Department of Public Health shall identify reproductive health care services, LGBTQ health care services, and end-of-life health care services that are or may be subject to denial of care for nonmedical reasons in the State and develop a clear and simple disclosure form for the purpose of conveying to patients and to the public which of the identified health care services are and are not generally available, are subject to restriction for nonmedical reasons, and are subject to restrictions on referral by each covered entity. Requires the Department to publish and maintain on its public-facing website a current list of covered entities and provide for public access to the disclosure form submitted by each covered entity; adopt rules implementing the Department's duties; and develop and administer to the public an education and awareness program regarding how denial of care may negatively impact health care access and quality, may be avoided, and affects vulnerable people and communities. Establishes disclosure requirements for covered entities. Effective immediately.

LRB104 05596 BAB 15626 b

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 1. Short title. This Act may be cited as the Health
5 Care Transparency Act.

6 Section 5. Findings. The General Assembly finds that:

7 (1) The right of every patient to receive basic
8 information necessary to give full and informed consent is
9 a fundamental tenet of good public health policy and has
10 long been the established law of this State.

11 (2) Every person having ultimate responsibility for
12 decisions respecting their own health care also possesses
13 a concomitant right of access to complete information
14 respecting their condition and care provided.

15 (3) For nonmedical reasons, some health care
16 facilities do not provide a full range of health care
17 services and may prohibit, significantly restrict, or
18 otherwise refuse to provide services such as
19 sterilization, infertility treatments, abortion, or
20 contraceptive services, including emergency
21 contraception.

22 (4) Health care facilities may also deny or
23 selectively restrict care relating to stigmatized

1 populations, including lesbian, gay, bisexual,
2 transgender, and queer individuals, for nonmedical reasons
3 even if equivalent procedures are provided for other
4 patients.

5 (5) Persons seeking health care frequently lack
6 information about which facilities refuse to provide
7 various health care services for nonmedical reasons and
8 what services they restrict or refuse to provide.

9 (6) Patients are not well-positioned to understand
10 what treatment options are available to them when health
11 facilities do not disclose treatment options that they
12 refuse to provide for nonmedical reasons.

13 (7) Consequently, when health care facilities do not
14 disclose that they restrict or refuse to provide various
15 health care services for nonmedical reasons, they can
16 deprive patients of a knowledgeable choice as to
17 alternative treatments, which is inconsistent with the
18 underlying principle of informed consent.

19 (8) Refusals to provide health care services for
20 nonmedical reasons may:

21 (A) have long-term negative consequences,
22 resulting in injury, disability, and death;

23 (B) cause trauma to patients;

24 (C) impact quality of life;

25 (D) result in greater health care expenses for
26 patient and payers; and

1 (E) some denials of care violate State and federal
2 law.

3 (9) It is the intent of the General Assembly to ensure
4 that patients are given full information about available
5 health care services frequently subject to denial of care
6 for nonmedical reasons to allow them to make well-informed
7 health care decisions.

8 Section 10. Definitions. As used in this Act:

9 "Covered entity" means any hospital required to be
10 licensed by the Department of Public Health pursuant to the
11 Hospital Licensing Act that provides general medical and
12 surgical hospital services, except long-term acute care
13 hospitals and rehabilitation hospitals; any ambulatory
14 surgical treatment center licensed under the Ambulatory
15 Surgical Treatment Center Act; and any freestanding emergency
16 center licensed under the Emergency Medical Services (EMS)
17 Systems Act. "Covered entity" does not include a health care
18 practitioner.

19 "Department" means the Department of Public Health.

20 "Denial of care" means any refusal by a covered entity to
21 provide a health care service for nonmedical reasons or to
22 provide a referral for a health care service for nonmedical
23 reasons. "Denial of care" includes the following practices,
24 whether based on formal or informal policies or practices,
25 that are not based on generally accepted standards of care:

1 (1) selective refusal to provide a health care service
2 to some, but not all, patients based on a protected
3 characteristic described in paragraph (A) of Section 1-102
4 of the Illinois Human Rights Act, objections to a health
5 care service, or some other nonmedical reason; or

6 (2) a significant restriction on the availability of
7 specific health care services.

8 "Disclosure form" means the form created by the Department
9 and completed by covered entities pursuant to this Act.

10 "End-of-life health care services" means any medical,
11 surgical, preventive, counseling, or referral services
12 provided to an individual who is near the end of life or who
13 has a terminal illness. "End-of-life health care services"
14 includes any services relating to palliative care, advanced
15 directives, withdrawal of nutrition services, and hospice
16 care.

17 "Health care practitioner" means any health care
18 professional licensed to provide health care services.

19 "Health care service" means the provision of treatment,
20 care, advice or guidance, or services or supplies, including;

21 (1) preventive, diagnostic, therapeutic,
22 rehabilitative, maintenance, or palliative care;

23 (2) counseling, assessment, procedures, or other
24 services; or

25 (3) selling, dispensing, or administering a
26 prescription or nonprescription drug, device, or

1 equipment.

2 "LGBTQ health care services" means any medical, surgical,
3 preventive, counseling, or referral services that are
4 specifically targeted to or that disproportionately affect
5 lesbian, gay, bisexual, transgender, or queer individuals,
6 including gender-affirming care, HIV-related care, and
7 family-building services.

8 "Nonmedical reasons" means nonclinical criteria, rules, or
9 policies, whether written or unwritten, that restrict health
10 care practitioners at a covered entity from providing a health
11 care service that a health care practitioner is authorized
12 under law to provide and that the covered entity is licensed to
13 provide.

14 "Reproductive health care services" means any medical,
15 surgical, preventive, counseling, or referral services
16 relating to the human reproductive system, including services
17 relating to contraception, sterilization, assisted
18 reproduction, maternity care, pregnancy, and the termination
19 of a pregnancy.

20 Section 15. Departmental duties.

21 (a) Not later than January 1, 2026, the Department shall,
22 in consultation with stakeholders, including a hospital
23 association, patient advocacy groups, and groups representing
24 populations that are disproportionately impacted by denial of
25 care:

1 (1) identify reproductive health care services, LGBTQ
2 health care services, and end-of-life health care services
3 that are or may be subject to denial of care in the State;
4 and

5 (2) develop a clear and simple disclosure form for the
6 purpose of conveying to patients and to the public which
7 of the identified health care services are and are not
8 generally available, are subject to restriction for
9 nonmedical reasons, and are subject to restrictions on
10 referral at each covered entity.

11 (A) This disclosure form must include contact
12 information for the covered entity completing the form
13 in case patients have specific questions about
14 services available at the covered entity.

15 (B) The Department shall review and, if
16 appropriate, update this form at least biennially in
17 consultation with stakeholders. The Department may
18 develop versions of the disclosure form appropriate
19 for different categories of covered entities.

20 (b) Beginning on or before March 1, 2026, the Department
21 shall publish and maintain on its public-facing website a
22 current list of covered entities and shall provide for public
23 access the disclosure form submitted by each covered entity.
24 The Department may use various methods of displaying the
25 information to enable patients to compare services by covered
26 entities.

1 (c) The Department shall adopt rules to implement this
2 Section. The Department's rules must include a process for
3 receiving and investigating complaints regarding covered
4 entities that fail to comply with this Section and for
5 assessing fines against covered entities.

6 (d) The Department shall develop and administer to the
7 public an education and awareness program regarding how denial
8 of care:

9 (1) may negatively impact health care access and
10 quality;

11 (2) may be avoided; and

12 (3) affects vulnerable people and communities.

13 Section 20. Covered entity duties.

14 (a) Not later than 60 days after the Department issues or
15 updates the disclosure form, each covered entity shall submit
16 a completed disclosure form to the Department. A covered
17 entity shall also submit an updated disclosure form within 30
18 days after making a change to the availability of a health care
19 service identified on the disclosure form.

20 (b) Not later than March 1, 2026, each covered entity
21 shall adopt a policy for providing patients with its completed
22 disclosure form as part of the informed consent process prior
23 to the initiation of health care services and for recording
24 the patient's receipt of the form. The covered entity's policy
25 must also require health care practitioners who maintain

1 admitting privileges at a covered entity and refer or schedule
2 their patients to receive health care services at the covered
3 entity to provide the covered entity's disclosure form to the
4 patient or the patient's representative prior to referring or
5 scheduling their patients to receive health care services at
6 the covered entity.

7 (c) On and after March 1, 2026, each covered entity shall:

8 (1) provide the current disclosure form to the patient
9 or the patient's representative as part of the informed
10 consent process before any health care service is
11 initiated. If informed consent is impracticable because of
12 an emergency or other circumstance, the covered entity may
13 delay the provision of the disclosure form, as
14 appropriate, until the informed consent process is
15 conducted;

16 (2) maintain a record of a patient's or the patient's
17 representative's receipt of the disclosure form as part of
18 the informed consent process; and

19 (3) provide its completed disclosure form to any
20 person upon request.

21 Section 25. Construction.

22 (a) This Act does not:

23 (1) permit or authorize restrictions on health care
24 services for nonmedical reasons or discrimination in the
25 provision of health care services; or

1 (2) limit any cause of action under State or federal
2 law, nor limit any remedy in law or equity, against a
3 covered entity, health care practitioner, or provider of a
4 health benefit plan.

5 (b) Compliance with this Act does not reduce or limit any
6 potential liability for a covered entity, health care
7 practitioner, or provider of a health benefit plan associated
8 with restrictions on health care services for nonmedical
9 reasons or any violations of State or federal law.

10 (c) Neither the Health Care Right of Conscience Act nor
11 the Religious Freedom Restoration Act shall provide a claim
12 concerning or a defense to a claim under this Act nor shall
13 those Acts provide a basis for challenging the application or
14 enforcement of this Act or funds appropriated or expended in
15 operation of this Act.

16 Section 97. Severability. The provisions of this Act are
17 severable under Section 1.31 of the Statute on Statutes.

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.