

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.