2025 Health Care Affordability State Policy Snapshot

ILLINOIS

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HEALTHCARE VALUE HUB

State Has Active Legislation

State Does Not Have Active Legislation

The Health Care Value Hub ("the Hub") is proud to launch the 2025 Health Care Affordability Policy Snapshot ("Affordability Snapshot"). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state's health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable **Data and Source Document available on the Dashboard page. Definitions and descriptions for each policy category can be found in the Glossary.**

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	Requires health systems or providers to notify the state of consolidation transactions	Health care facilities and provider organizations must notify the Illinois Attorney General (AG) of any merger, acquisition, or contracting affiliation (a “covered transaction”) at least 30 days before closing. Out-of-state entities must notify the AG if they earn $10 million or more annually from Illinois patients. In addition, the state must be notified of change of ownership of certain health facilities through the CON process.
Authority to Modify or Reject Consolidation Transactions	Does not have authority to approve, set conditions, or disapprove consolidation transactions	The Attorney General does not have the authority to approve, deny, or modify consolidation transactions. The state can grant exceptions from CON, but does not appear to have broader authority to approve or deny transactions.
Affordability Criteria included in Transaction Review	Does not include consumer affordability or price growth in review criteria, approval conditions, or both	

State Has Active Policy or Program | Policy or Program Partially Implemented | State Does Not Have an Active Policy or Program | * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	⊗ State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	⊗ State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	⊗ The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	⊗ No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	⊗ No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	◉ Non-competes for physicians limited by statute	The Illinois Freedom to Work Act restricts noncompete agreements to employees earning over $75,000 (rising incrementally to $90,000 by 2037) and requires at least two years of employment or other adequate compensation for enforcement. It also bans noncompetes for construction workers, unionized employees, furloughed or laid-off workers without pay, and, effective January 1, 2025, licensed mental health professionals serving veterans or first responders, while imposing notice requirements, attorney fee recovery for prevailing employees, and Attorney General enforcement authority.
Restricts Most-Favored Nation Contract Provisions	⊗ No law restricting Most Favored Nation contract provisions	

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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	● Prohibits balance billing for out-of-network ground ambulance services	Illinois has established balance bill protections that extend to both public and private ground ambulance services, but only when patients are enrolled in an HMO plan. IL HB23-2391 would have extended these protections to a additional insured residents, but the bill did not pass.
Prohibits Short-Term, Limited Duration Health Plans	● State law has eliminated short-term, limited duration health plans	Illinois law prohibits the sale of short-term, limited duration health plans in the state.

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Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	State law requires hospitals to provide free or discounted care to low-income patients and sets standards for eligibility (see notes)	Illinois requires most hospitals to provide charity care to uninsured patients earning up to 200% FPL, and discounted care to those earning up to 600% FPL. Rural and Critical Access Hospitals have lower thresholds, offering full charity care up to 125% FPL and discounted care up to 300% FPL. However, the cost of care must exceed $150 at urban hospitals or $300 at rural hospitals. Hospitals cannot collect more than 20% of a qualifying patient's annual income in a year.
Hospital Charity Care Screening Requirements	State law requires health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	Hospitals in Illinois are required to screen uninsured patients, with their consent, as early as possible to determine eligibility for public health insurance and hospital financial assistance. They are also required to help patients apply and to document any refusal to participate in the screening process.
Hospital Charity Care Notification Requirement	State law requires health care providers to notify patients of charity care options before collecting payment	Illinois requires hospitals to post a notice of their financial assistance policies in the admission and registration areas of the hospital, as well as online and in the emergency room.
Hospital Community Benefit Reporting Requirement	State law requires hospitals to annually report the amount of charity care provided	Illinois hospitals must submit an annual community benefits report to the Attorney General that includes data on financial assistance applications, such as how many were submitted, approved, and denied, along with the top reasons for denial. The report must also include the number of uninsured patients who declined or did not respond to financial assistance screening and the most common reasons why. Illinois also requires tax-exempt hospitals to show that they have provided community benefits in an amount greater than what the hospital would otherwise be required to pay in property taxes.

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Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	State law prohibits sending medical debts to collections for a prescribed period (see note)	Hospitals in Illinois must meet a series of requirements, including allowing patient's at least 90 days following discharge to submit a financial assistance application, before sending a bill to collections.
Limits on Liens or Foreclosures due to Medical Debt	State law does not prohibit initiating a lien or foreclosure to collect medical debt	In Illinois, hospitals cannot pursue legal action, foreclose, or place liens on the property of uninsured patients who demonstrate insufficient income and assets. Beginning in January 2025, uninsured patients who qualify for free care under the Hospital Uninsured Patient Discount Act cannot be billed at all.
Limits Wage Garnishment due to Medical Debt	State law does not exceed federal wage garnishment protections for residents with medical debt	Illinois offers stronger protections against wage garnishment than federal law. The state also bars hospitals from taking legal action to collect medical debt from uninsured patients who can show they lack the income and assets to pay.
Limits on the Amount of Interest Charged to Medical Debt	The state has not enacted a law to limit interest rates for medical debt	Illinois law prohibits hospitals from billing uninsured patients who qualify for charity care. In 2025, lawmakers also introduced legislation to cap interest on medical debt at 2% annually, but the bill did not advance and died in committee.

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Curb Excess Costs in the System

Premium Rate Review

Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Has the authority to modify or reject premium rate increases	Illinois has the authority to approve or disapprove rate filings in the large group market. Beginning 2026, Illinois will have the authority to approve or deny rate filings in in the individual and small group market.
Affordability Criteria Included in Premium Rate Review	Incorporates affordability criteria into premium rate review	While the Department of Insurance does not consider affordability in individual rate filings, it reports annually on health insurance cost trends to the Governor and General Assembly, including trends in out-of-pocket costs for consumers.

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Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	⊗ State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	⊗ State has not implemented hospital global budgets	

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Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	⊗ State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	⊗ State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	⊗ State does not operate a Basic Health Plan	
State-Based Premium Subsidies	⊗ State does not offer supplementary state-funded premium subsidies	

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Illinois are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	State does not participate in a drug purchasing consortium*	
Drug Coupon Prohibitions	State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Illinois has policies or tools to promote mandatory generics.

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Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	● Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	⊗ Pharmacy benefit managers are not required to report rebate data to the state	
Spread Pricing Restrictions	● State prohibits pharmacy benefit managers from engaging in spread pricing	
Pharmacy Reimbursement and Clawbacks	⊗ State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	● State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	● State prohibits copay accumulator programs	

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Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio (MLR) Remittances for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration

Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	In Illinois, MCOs serve families and children, adults eligible for Medicaid under the Affordable Care Act, seniors and adults with disabilities who are not eligible for Medicare, dual eligible adults receiving certain Long Term Services and Supports (MLTSS), and special needs children including current and former Youth in Care.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	Starting January 1, 2026 Illinois will integrate a fully integrated dual eligible special needs program (FIDE).

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	State Medicaid program covers infertility treatments, fertility preservation, or both (see notes)	
Medicaid Coverage for Doula Services	State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	State Medicaid program utilizes state-based funds to cover abortion care	
Medicaid Coverage for Transition-Related Care	State Medicaid program explicitly covers any transition-related care for adults	
Medicaid Coverage for Hearing Aids	State Medicaid program covers hearing aids for all adults	
Medicaid Coverage for Eye Exams and Glasses	State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually.
Medicaid Coverage for Dental Services	State Medicaid program covers preventive and diagnostic dental services, extractions, dentures, root canals, fillings, and crowns for adults	

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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	State has expanded Medicaid eligibility to 138% FPL	Illinois has a trigger law in place that requires termination of the expansion if the enhanced federal matching rate drops.
Retroactive Medicaid	State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	Illinois' 1115 waiver extending Medicaid coverage to incarcerated individuals 90 days before release was approved in 2024 and the state is in process of implementation, but is not yet in effect as of June 2025.
Medicaid ABD Asset Limits	State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond $2,000 for an individual applicant and $3,000 for joint applicants	Illinois Medicaid has expanded its asset limit to $17,500 for individual applicants and $17,500 for joint applicants.
Medicaid ABD Life Insurance Exemption	Life insurance exemption limits do not exceed $1,500	
Medicaid ABD Retirement Account Exemptions	State does not exempt retirement savings from Medicaid eligibility determinations	

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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option and post-partum coverage	Illinois extends postpartum coverage to 12 months for parents covered by the From Conception to End of Pregnancy option.
Immigrant Children without a Five-Year Bar	State offers coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	Does not offer coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	Offers coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	Offers coverage for some, but not all, adults regardless of immigration status	Illinois extended state-funded coverage to low-income individuals ages 65 and older regardless of immigration status through its Health Benefits for Immigrant Seniors (HBIS) program in December 2020 but has paused enrollment due to funding constraints as of April 2025. Illinois previously extended coverage to low-income immigrants ages 42 to 64 regardless of immigration status through the Health Benefits for Immigrant Adults (HBIA) program in 2022 but ended HBIA coverage on July 2025 due to funding constraints.

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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	⊗ State does not have a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	⊗ The state does not have an APCD operated by the state or another entity	

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	⊗ The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	⊗ The state has not established Upper Payment Limits for prescription drugs	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program ✱ No Source, or Limited Information Found

Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	⊗ State does not have a public-facing price transparency tool	
Prescription Drug Price Reporting Requirement	⊗ Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	⊗ State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	⊗ State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	⊗ State does not monitor and report hospital spending, primary care spending, or both	

● State Has Active Policy or Program ◉ Policy or Program Partially Implemented ⊗ State Does Not Have an Active Policy or Program * No Source, or Limited Information Found

Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	State has enacted legislation to limit cost-sharing for insulin, diabetes related equipment, or both	Illinois caps the price of a 30-day supply of insulin at $35.00. The state also operates an Insulin Discount Program.
Waives or Reduces Cost-Sharing for Asthma Inhalers	The state has enacted legislation to limit cost-sharing for asthma inhalers	Illinois caps cost-sharing for covered prescription asthma inhalers at $25.00 per thirty-day supply.
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	State has enacted legislation to limit cost-sharing for prescription epinephrine autoinjector(s)	Illinois caps cost-sharing for a twin-pack of epinephrine auto-injectors at $60.00.
Waives or Reduces Cost-Sharing for Specialty Drugs	State has enacted legislation to limit cost-sharing for specialty drugs	Illinois prohibits cost-sharing for the purchase of naloxone, abortifacients, hormone therapy, HIV pre- and post-exposure prophylaxis, and prescription estrogen.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	State requires private insurers to cover at least one annual mental health wellness exam without cost-sharing	Illinois requires group and individual policies of accident and health insurance and/or managed care plans to cover out-of-network mental health treatment and TWO annual mental health wellness exams without patient cost-sharing.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	State mandates private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Illinois requires health insurance policies covering more than twenty-five enrollees to cover fertility preservation services when medically necessary treatments may cause iatrogenic infertility. In vitro fertilization (IVF) is covered for individuals with a diagnosis of infertility.
Individual and Small Group Health Plans Required to Cover Doula Services	State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	The state requires individual and small group health plans to cover abortion services	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	State law requires insurers to cover colorectal cancer screening but allows cost-sharing	Health insurance carriers in Illinois are required to cover colorectal cancer screening examinations and may not impose any deductible, coinsurance, or other cost-sharing limitation that is greater than what is required for other coverage under the policy. Beginning January 1, 2026, the coverage mandate will be expanded to require all insurers to cover all medically necessary colonoscopy without cost-sharing.
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	State law requires insurers to cover follow-up colorectal cancer screening but allows cost-sharing	Insurers in Illinois are currently required to cover all colorectal cancer examinations and laboratory tests for colorectal cancer as prescribed by a physician. Beginning January 1, 2026, the coverage mandate will be expanded to require all insurers to cover all medically necessary colonoscopy without cost-sharing.
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	State law does not require coverage or waive cost-sharing for lung cancer screening exams	Illinois does not have a law specifically related to lung cancer screening. However, the state requires carriers provide coverage for all USPSTF "A" and "B" recommendations without cost-sharing, including lung cancer screening in adults aged fifty to eighty with a history of smoking.

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening tests with no cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	

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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	State law requires insurers to cover prostate cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	State law requires insurers to cover ovarian cancer screening with no cost-sharing	Illinois requires health benefit plans to cover surveillance tests for ovarian cancer without cost-sharing. The state also mandates coverage for genetic testing for breast and ovarian cancer susceptibility, including coverage for the cost of the genetic testing of the BRCA1 and BRCA2 genes to detect an increased risk for breast and ovarian cancer if recommended by a health care provider in accordance with the United States Preventive Services Task Force's recommendations for testing.
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	State requires coverage of biomarker testing for cancer screening but allows cost-sharing	Illinois law requires individual and group health insurance plans amended, issued, or renewed after January 1, 2022, to cover biomarker testing for diagnosis, treatment, management, or monitoring of cancers. The law does not prohibit cost-sharing.

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