



## **1. Antitrust Statement**

- a. ILHIC is committed to conducting all our activities in compliance with federal and state antitrust laws. If at any time during the call the discussion should venture into matters that might conflict with antitrust laws, please feel free to speak up and we will stop the discussion and move forward in the agenda.

## **2. Legislative Overview**

### **a. Market Conduct Legislation Negotiation**

- i. The Department sent their feedback to our language proposals and comments. If you did not receive their comments from us, please let Kate know. To the changes, the Department accepted *most* of our feedback. However, they have provided counter proposals on turnaround times and utilizing market share when calculating fines. They did agree to include market share would be utilized when calculating fines. However, our language taken from the NAIC Model law mandating the Department provide companies with methodologies was not accepted. Their language does note market share but is much more permissive. Additionally, their turn around time language essentially creates a 10 day turn around before a company can be fined if the company has not requested an extension. Please let me know if you have any additional feedback or concerns by Feb 14, COB.

### **b. Genetic Testing Legislation Negotiation**

- i. The Council met with Senator Fine to discuss our concerns on this bill. The Sponsor filed the bill for a constituent that was afraid to move forward with a BRCA test (she had a family history of breast cancer) because she was afraid she wouldn't be able to get life insurance. There is a lot of education that went into the meeting. Her staff believed that 8 states already had this prohibition. We had to educate that the only state this had passed was Florida, and currently a repeal was being sought. Senator Fine was interested in receiving language for that includes aspects of her filed bill that would be workable with industry. The Council is working with ACLI on a compromise that will assist her constituent while allowing life insurance companies to utilize genetic information as part of its underwriting process.

### **c. Rate Review Legislation Negotiation**

- i. Rate Review Senator Fine has been working with the Shriver Center in constructing language regarding rate review in Illinois. Her bill, SB 1912, is much more extreme, and mandates the Department to create an entirely new division the Department titled the Office of the Healthcare Advocate. We hope that the Department demands will slow the bill down a bit. The Department does not have the manpower to establish this entire division and there is nothing in the language appropriating any money to this project. The Sponsor is working on bringing stakeholders together next week to begin discussions.

**d. Dental MLR Legislation Negotiation**

- i. We had a conversation with the Sponsor to walk through her Dental bills. We had mentioned that her Dental Network Bill (SB 1288) and her virtual credit card bill (1289) could be workable if they are close to the NCOIL model laws. However, we did explain that a dental MRL (SB 1287) would be highly problematic and explained that only one state has moved in this fashion. We did also explain that studies have shown that Dental MLRs increased premiums. The Council has heard that the Dentists know that the MLR bill will be an incredibly heavy push. This bill didn't seem to be incredibly important to the sponsor, suggesting that the Dentists will likely lead the negotiation. We expect to have much more conversation on the dental bills moving forward.

**e. Key Legislation**

**i. Paid Leave**

- 1. HB 1530, filed by Senator Villivalam, would provide up to 26 weeks of job-protected paid leave for reasons like illness, welcoming a new child or a troubled pregnancy. The program would be funded by just over 0.7 percent of wages paid by employers, with an additional amount of up to .05 percent for administration. He, along with other legislators, has stated that this issue would be a priority for him this Spring. However, there are other stakeholders working on other options. Particularly, a 12-week program with a private option, although, that language has not surfaced yet. These conversations will most likely ramp up within the next week. Expect a more robust conversation around this area in the coming legislative calls.

**ii. Motor Vehicle Rates**

- 1. HB 2203 is not a bill we would usually place in our key bill lists. However, there is some concerning language regarding big data and algorithm disclosure that would be troubling should this turn into a Pandora's box. So, we will be weighing in in opposition in solidarity with industry.

**iii. Disability Income**

- 1. SB 1568 was filed once more by Senator Morrison. The language has not changed since the reporting from the Disability Income Working Group. The bill provides that every insurer that amends, delivers, issues, or renews a group or individual policy or certificate of disability insurance or disability income insurance shall ensure parity for the

payment of mental, emotional, nervous, or substance use disorders or conditions.

**iv. Mandates**

**1. Insulin Co Pay \$35**

- a. HB 2189 SB 1559 Guzzardi and Murphy filed a bill that would lower the insulin co cap from 100 dollars to 35 dollars.

**2. Low Dose Mammography**

- a. HB 2078 includes coverage for screening MRIs or ultrasound for low dose mammography.

**3. Home Equipment Reimbursement**

- a. SB 1422 Requires an insurer to reasonably reimburse its insured for expenses incurred due to the unreasonable restriction. Defines "arrangement".

**4. Liver Disease**

- a. SB 1282 Mandates coverage for preventative screening for all over 18 at high risk for liver disease without cost sharing.

**5. First Responders**

- a. SB 1512 mandates no cost sharing mental health coverage for any police officer, firefighter emergency medical services personnel, or veteran.

**6. Compression Sleeves**

- a. SB 1527 mandates coverage for compression sleeves.

**v. Vision Care Regulation Act**

- 1. SB 1540 provides that no vision care organization may issue a contract that requires an eye care provider to provide services or materials to an enrollee at a fee set by the vision care plan unless the services or materials are covered under the vision care plan. Provides that an eye care provider who chooses not to accept amounts set by a vision care plan for noncovered services or noncovered materials shall post a specified notice. Requires fees for covered services and materials to be reasonable and clearly listed on a fee schedule provided to the eye care provider. Prohibits a vision care organization from misrepresenting the benefits of a vision care plan as a means of selling coverage or communicating the benefit coverage to enrollees.

**vi. Zip Code Prohibition**

- 1. SB 1227 Provides that an insurer authorized to do business in the State may not use an individual's zip code in underwriting or rating insurance coverage, including the determination of premium rates.

**vii. White Bagging**

- 1. SB 1255 was filed once more from Senator Castro which prohibits white bagging. We discussed this bill with the Sponsor, and she is unsure if this is a priority to her this year.

**viii. Market Conduct**

1. SB 1469 is the Department's Market Conduct Language. They intend to file and amendment that includes our negotiations.

### 3. Bills Moving to Committees

- a. **SB 68 Prohibition Genetics**
  - i. Senate Insurance
- b. **SB 311 Horse Riding Coverage Mandate**
  - i. Senate Insurance
- c. **SB 1227 Zip Code Underwriting Prohibition**
  - i. Senate Insurance
- d. **HB 1186 HMO Referral (Posted)**
  - i. Healthcare Availability and Accessibility
- e. **HB 1229 State Based Exchange**
  - i. House Insurance
- f. **HB 1384 Reconstructive Services Mandate (Posted)**
  - i. House Insurance
- g. **HB 1601 Provider Nondiscrimination "Any Willing Provider" (Posted)**
  - i. House Insurance

### 4. Senate Insurance Committee

- a. **SB 101 Pandalas Coverage Mandate**
  - i. This negotiated coverage mandate bill passed on the agreed bill list.
- b. **SB 56 Medicare Enrollment Period**
  - i. The Council met with the Sponsor to request to hold the bill for implementation impact to be studied. We also explained that the most recent bill was just enacted. She had mentioned that she would change the effective date as a compromise. We will continue pushing to hold off on the bill to allow implementation and measurements of the utilization of the birthday rule before manipulating the statute further I will be sending out an email to members to gauge their interest in pushing the effective date. The Sponsor held the bill from this week's Committee, with the intention to move it this session.
- c. **SB 54 Diabetes Insulin Pump Coverage Mandate**
  - i. This bill is not moving. The Sponsor understood that the bill would be duplicative and does not intend to move the bill.

### 5. Regulator Roundtable Update

- a. The Regulator Roundtable was cancelled. The Department had a scheduling conflict. The Department is in the process of collecting availability for staff. Once the call is rescheduled, I will send the invite to members.

### 6. Provider Payor Summit Update

- a. The providers are interested in holding another Provider Payor Summit with industry. I requested that before moving forward, we would appreciate an agenda. That will help us to know who should be on the call. Once I receive an agenda, we can work on availability.

### 7. Adverse Determination Language Reminder

- a. Representative Morgan is going to carry this bill in the House. The deadline to submit comments to this bill is today, COB. I will compile all member comments and send the comments to the Department.

**8. Mental Health Parity Working Group Reminder**

- a. This Working group will be held on Friday, February 10, 2023, from 1:00 PM- 2:00 PM CST for the purpose of discussing issues related to Mental Health Parity and the creation of the templates for NQTL Analysis Reporting. The Department intends to walk through what they believe are gaps or inconsistencies in Phase 1 and 2 of the reporting.

**9. Next Week**

**a. Health Care Affordability and Accessibility**

- i. 3:00PM Tuesday
  - 1. HB 1186 HMO Referral

**b. House Insurance**

- i. 2:00PM Tuesday
  - 1. HB 1601 Provider Nondiscrimination
  - 2. HB 1384 Reconstructive Services Mandate

**10. Important Dates**

- a. February 10, 2023 (Senate Introduction Deadline)
- b. February 17, 2023 (House Introduction Deadline)
- c. March 10, 2023 (House and Senate Committee Deadline)
- d. March 24, 2023 (House 3<sup>rd</sup> Reading Deadline)
- e. March 31, 2023 (Senate 3<sup>rd</sup> Reading Deadline)
- f. April 28, 2023 (Senate and House Crossover Deadline)
- g. May 11, 2023 (Senate 3<sup>rd</sup> Reading Deadline (House Bills))
- h. May 12, 2023 (House 3<sup>rd</sup> Reading Deadline (Senate Bills))
- i. May 19, 2023 House and Senate Adjournment