



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. It was another slower session week for the Illinois 103rd General Assembly this week. However, this is the last week that we will likely see a slow week at the Illinois Capitol. Both chambers are set to be in next week and Senate has already scheduled an Insurance Committee for 3pm on Tuesday.

3. Committee Makeup

a. Senate Insurance

- i. Harris (Chair)
- ii. Fine (Vice Chair)
- iii. Belt
- iv. Castro
- v. Cervantes
- vi. Gillespie
- vii. Preston
- viii. Syverson (Minority Spokesperson)
- ix. McConchie
- x. Stoller
- xi. Rose

b. House Insurance

- i. Jones (Chair)
- ii. Morgan (Vice Chair)
- iii. Carroll
- iv. DeLuca

- v. Ford
- vi. Jimenez
- vii. Ladisch Douglass
- viii. Lilly
- ix. Mayfield
- x. Williams
- xi. Keicher (Minority Spokesperson)
- xii. Hauter
- xiii. McLaughlin
- xiv. Niemerg
- xv. (New appointment for Durkin)

c. House Mental Health

- i. LaPointe (Chair)
- ii. West (Vice Chair)
- iii. Cassidy
- iv. Collins
- v. Costa Howard
- vi. Ford
- vii. Guerrero-Cuellar
- viii. Guzzardi
- ix. Hurley
- x. Johnson
- xi. Lilly
- xii. Meyers-Martin
- xiii. Morgan
- xiv. Mussman
- xv. Haas (Spokesperson)
- xvi. Davis
- xvii. Grant
- xviii. Hauter
- xix. Severin
- xx. Tipsword
- xxi. Weber

d. Senate Mental Health

- i. Fine (Chair)
- ii. Simmons (Vice Chair)
- iii. Feigenholtz
- iv. Johnson
- v. Turner
- vi. Villa
- vii. Bryant (Minority Spokesperson)

- viii. Syverson
- ix. McClure

e. House Prescription Drug

- i. J Williams (Chair)
- ii. Ammons (Vice Chair)
- iii. Avelar
- iv. Benton
- v. DeLuca
- vi. Johnson
- vii. Jones
- viii. Smith
- ix. Syed
- x. Walsh
- xi. Caulkins (Minority Spokesperson)
- xii. Haas
- xiii. Hauter
- xiv. Sanalidro
- xv. Ugaste

f. JCAR

- i. Co Chair Spain
- ii. Senator DeWitte
- iii. Senator Fowler
- iv. Senator Rezin
- v. Representative Delgado
- vi. Representative Haas
- vii. Representative Reick
- viii. Representative Tarver
- ix. Representative Vella

4. Legislation

a. Genetic Testing

- i. SB 68, filed by Representative Fine prohibits health insurer, life insurer, or long-term care insurer authorized to transact insurance in this State, a health insurer, life insurer, or long-term care insurer may not: (1) cancel, limit, or deny coverage or establish differentials in premium rates based on a person's genetic information; or (2) require or solicit an individual's genetic information, use an individual's genetic test results, or consider an individual's decisions or actions relating to genetic information or a genetic test in any manner for any insurance purpose.
- ii. Members from ACLI and ILHIC met with the Sponsor to discuss the intent of the legislation. Fine has a constituent with a family history of breast cancer and was afraid she would not get life insurance if she elected to

get a BRCA test done. It was an education meeting wherein ACLI explained that genetic information is medical information and is utilized with a whole host of other risk factors in order to classify risk.

- iii. The meeting concluded with Fine requesting language that stakeholders “could live with.” There will be continued conversations with the sponsor in order to negotiate agreed language. ILHIC plans on meeting with Fine next week to discuss her bills.

b. ISMS Batching Bill

- i. The Illinois State Medical Society has agreed to file an amendment incorporating the federal regs to ensure “true parity” with the federal batching. Some members were rightly concerned regarding the rules and providers having free range to determine criteria around batching. The amendment would provide that clarity and create true parity with the federal law.

c. Family Medical Leave Act

- i. HB 1530 Requires the Department of Employment Security to establish and administer a Family and Medical Leave Insurance Program that provides family and medical leave insurance benefits to eligible employees. Sets forth eligibility requirements for benefits under the Act. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family and medical leave; defined terms; and other matters.
- ii. Advocates are still unsure of which Paid Leave Bill they want to sign on to. We discussed with the advocate groups last week that we are interested in providing an additional foundation for insurance coverage for leave.
- iii. SB 1234 creates the Family and Medical Leave Insurance Program Act. Requires the Department of Employment Security to establish and administer a Family and Medical Leave Insurance Program that provides family and medical leave insurance benefits to eligible employees. Sets forth eligibility requirements for benefits under the Act. Contains provisions concerning disqualification from benefits; premium payments; the amount and duration of benefits; the recovery of erroneous payments; hearings; defaulted premium payments; elective coverage; employment protection; coordination of family and medical leave; defined terms; and other matters. Amends the State Finance Act. Creates the Family and Medical Leave Insurance Account Fund. Provides phase-in periods for the collection of money and making of claims for benefits under the Act. Effective January 1, 2024.

d. Rate Review

- i. Fine filed SB 324, which Provides that all individual and small group accident and health policies written subject to certain federal standards must file rates with the Department of Insurance for approval. Provides that unreasonable rate increases or inadequate rates shall be disapproved. Provides that when an insurer files a schedule or table of premium rates for individual or small employer health benefit plans, the Department of Insurance shall post notice of the premium rate filings, rate filing summaries, and other information about the rate increase or decrease online on the Department's website. Provides that the Department shall open a 30-day public comment period on the date that a rate filing is posted on the website. Provides that after the close of the public comment period, the Department shall issue a decision to approve, disapprove, or modify a rate filing, and post the decision on the Department's website. Provides that the Department shall adopt rules implementing specified procedures. Defines "inadequate rate" and "unreasonable rate increase".
- e. Vaginal Estrogen Coverage Mandate**
 - i. HB 1565 Mandates coverage for coverage for one or more therapeutic equivalents versions of vaginal estrogen in its formulary. One must be included in the formulary without cost sharing. If a provider determines that there is a different estrogen to be provided, that estrogen shall be covered with no cost sharing.
- f. Provider Nondiscrimination**
 - i. HB 1601 Prohibits issuers from discriminating with respect to participation of a non-participating provider, mandating issuers to reimburse these providers acting within the scope of the providers license, regardless if they are in network or not.
- g. Network Adequacy Reproductive Health Care**
 - i. SB 241 Provides that an insurer providing a network plan shall file a description with the Director of Insurance of written policies and procedures on how the network plan will provide 24-hour, 7-day per week access to reproductive health care. Adds reproductive health care to the definition of "ancillary services"
- h. Vision Bill**
 - i. Creates the Vision Care Plan Regulation Act to set forth certain contractual requirements with eye care providers and disclosures and coverage requirements for enrollees. This bill will be filed again. In the previous session the Bill number was [HB 4844](#) (Moeller).
- i. Dental Bills**
 - i. HB 2070 Provides that a health insurer or dental plan carrier that issues, sells, renews, or offers a specialized health insurance policy covering

dental services shall, beginning July 1, 2023, annually submit to the Department of Insurance a dental loss ratio filing. Provides a formula for calculating minimum dental loss ratios. Sets forth provisions concerning minimum dental loss ratio requirements. Provides that the Department may adopt rules to implement the Act.

- ii. HB 2071 Provides that no insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any company that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act shall require a dental care provider to incur a fee to access and obtain payment or reimbursement for services provided. Provides that a dental plan carrier shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement. Effective immediately.
- iii. HB 2072 In provisions concerning provider notification of dental plan changes, provides that no insurer, service corporation, dental service plan corporation, insurance network leasing company, or any company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act that provides dental insurance may automatically enroll a provider in a leased network without the provider's written consent. Provides that any contract entered into or renewed on or after the effective date of the amendatory Act that allows the rights and obligations of the contract to be assigned or leased to another insurer shall provide for notice that informs each provider in writing via certified mail 90 days before any scheduled assignment or lease of the network to which the provider is a contracted provider (rather than shall provide notice of that assignment or lease within 30 days after the assignment or lease to the contracting dentist). Provides that an insurer, service corporation, dental service plan corporation, insurance network leasing company, or any company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance on or after the effective date of the amendatory Act that provides dental insurance that leases or assigns its network shall not cancel a network participating dentist's contractual relationship or otherwise penalize a network participating dentist in any way based on whether or not the dentist accepts the terms of the assignment or lease.

j. Zip Code Prohibition

- i. 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.

k. Bills in Senate Insurance Committee

i. SB 54 (Benefit Coverage Mandate for Insulin Pumps)

1. This bill mandates medically necessary insulin pumps and supplies for insulin pumps. There will be a forthcoming amendment moving the effective date to 2025.

ii. SB 56 (Medicare Enrollment Period)

1. Allows individuals between 65 to 75 with an existing Medicare supplement policy, to an annual open enrollment period lasting 45 days, commencing on the individuals birthday, where the individual may purchase any Medicare supplement policy with the same issuer, and expands it to any affiliate authorized to transact business within the state.
2. This bill is an expansion of language with Laura Murphy's bill from last session. If plans have feedback on this legislation, please let us know.

iii. SB 101 (PANDAS Benefit Coverage Mandate)

1. This mandate bill was also heavily negotiated last session but did not make it past the finish line. The mandate provides that a plan cannot deny coverage if the child was previously diagnosed with some other condition. Also, there is language tying coverage to recommendations developed by a medical professional consortium. We negotiated to include that this consortium publishes research that is evidence based and accessible for medical professional and based on positive patient outcomes.

2. Response Memo for the implementation of Public Act 102-0579.

- a. The Department sent a response memo to our implementation memo regarding medical necessity guidance and implementation. To the memo, the Department confirmed that insurers do not have to pay for services when the insured is not an enrollee, however, insurers must honor the prior authorization granted from a previous healthcare issuer for at least the 90 days of an enrollees coverage under a new health plan. There must be no fee attached to stakeholders being charged access. If there is a fee, the insurer must cover said fee. The Department did also mention that as emerging health considerations regarding gaps or complications (we used gender dysphoria as one of the emerging medical gap considerations) will be taken care of as they arise. The Department is not proactively holding stakeholder conversations for these areas at this time. All Remaining questions should be directed to Ryan Gillespie at the Department.

5. Meeting with Staff and Leadership

- a. ILHIC met with the new staffers on the Senate and House Republican/Democrats to discuss current issues, bills, and to act as a resource for the incoming staff

team. ILHIC is set to catch the new legislators on the Committees next week for introductory meetings.

6. Regulatory Roundtable

- a. The next Regulator Roundtable will be held on February 10, 2023 from 2pm-3pm (CT). Please let me know if you have not received the invitation.

7. Important Deadlines

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