House Insurance
February 6, 2024
2:00PM
C-1 Stratton

- HB 4112 Infertility Coverage- ILHIC is opposed. The Sponsor is working on an amendment and the bill will not likely be called today.

Senate Insurance
February 6, 2024
4:30 PM
400 Capitol

- SB 56 Medicare Enrollment- ILHIC is currently opposed. We have suggested to the sponsor an effective date change to properly implement the bill.

- SB 1762 Insurance Billing- ILHIC has no position.

- SB 2442- Billing Income- ILHIC has no position.

- SB 2573- Mandate Coverage Wigs- ILHIC is currently opposed. However, the Council sent over suggested language to Chairman Harris changing the effective date as well as mandating the benefit to 1 wig or hair prosthesis per 12 month period. These changes will move the Council to neutral.

- SB 2641- ILHIC is monitoring this bill and currently has no position.

- SB 2671- ILHIC currently opposes this bill. However, the Sponsor has agreed to move the effective date to 2026 as well as add medically necessary to the coverage mandate. With these changes, the Council will be neutral.

- SB 2672- Generic Drug Shortage- ILHIC in is the process of scheduling a meeting with the Sponsor for the week of February 12th to discuss member feedback as well as current processes for generic drug shortages. At this time, the Council opposes the bill due to the fact that it could disrupt cost saving practices for consumers.

- SB 2697- Cancer Genetic Testing- ILHIC opposes the bill. We are meeting with the Sponsor and stakeholder on Tuesday, Feb 6 to discuss the bill and our concerns with the group. Currently, the bill would need an effective change. We also have a cost concern regarding the no cost share.

- SB 2735- Electronic Payment Fees- ILHIC is opposed. We are reaching out to the Sponsor to obtain her intent of the bill.

- SB 2744- Vaccine Administration Fees- ILHIC opposes this bill. The Council has fiscal concerns around the cost sharing portion of the mandate. Additionally, language including any provider could have the unintended consequence of exorbitant costs, for example, high costs during COVID-19 and the pop up vaccination clinics.

- SB 2789- Coverage Changes- ILHIC opposes this bill. For background purposes, below is some information regarding existing laws that we believe address the concerns of the bill: The General Assembly passed (and enacted) under P.A. 100-1052 protections to prohibit a health plan from making a change in its formulary without providing at least 60 days notification (prior to the change) to current and prospective enrollees and prescribing providers informing them about the change. Additionally, the prescribing provider has the opportunity to request ongoing coverage of a drug at the same benefit level if that drug is the subject of a formulary change (meaning it was either removed or changed to another tier that may otherwise involve a higher cost share for the insured). The changes were enacted after months of negotiations on a bill that, as introduced, would have prevented a mid-year change in the formulary altogether (similar to the proposal set forth in SB 1788). Health plans don't make a regular exercise of changing their formularies mid-year, but with the entrance of new drug therapies on the market or more specifically, new generic alternatives that don't necessarily come at the beginning or end of the year (some happen mid-year), we want to preserve the right of plans to make changes that accommodate these new drugs - particularly new generic alternatives that come at a lower cost - during the annual benefit period while also acknowledging that sometimes these changes have unintended consequences for those taking a particular drug that have medical reasons for remaining on that drug. It was for those reasons that the insurance industry worked to provide a pathway for an exception under P.A. 100-1052 that was carried by then-Representative Fine/now Senator Fine. With respect to protecting access to providers, should there be a mid-year change in the network, the industry worked closely with the IL State Medical Society in 2017 to pass P.A. 100-0502 to ensure that the continuity of care provisions that were currently in place for HMOs also apply to the other commercial insurance products (PPOs for example). This means that if and when a provider goes out-of-network mid-year, whether by choice or due to a contract dispute between the provider and the insurer, then any enrollee involved in an active course of treatment shall be granted the ability to remain with that treating provider for a certain period of time. While the Council appreciates the consideration that this would not apply to those providers who have been the subject of malpractice concerns, we still have challenges with this concept because the provider can end the contract with the insurer for a variety of reasons that would exist outside of the insurance company's control. A health insurance contract between the policyholder and the insured is completely separate and apart from the health insurance contract with the provider, which is often differentiated based on the market (individual, small group, large group, Medicare, Medicaid, etc) and is not typically limited to one-year (unlike a health insurance policy).

- SB 2836- Short Term Limited Duration Insurance- ILHIC Opposes. The Department plans to bring stakeholders together to start negotiations.