



House Insurance

3/12/24

2:00pm

Room C-1

HB 2472 Adverse Determination- ILHIC is opposed to the underlying bill. However, the Council worked with the Department and will remove opposition with a forthcoming amendment.

HB 2580- Network Adequacy Specialists- ILHIC is opposed to the underlying bill. We have offered the Senate Sponsor and Stakeholders alternative language narrowing the bill to coincide with the stakeholder's intent. We are waiting to hear back.

HB 2581- Nonparticipating Providers- ILHIC is opposed to this bill. This language raises serious administrative concerns. Arbitration is a process that is within the contracting process. The contracting process should stay between the two private parties/entities. There is a concern that this would open a Pandora's box of legislative measures taking aim at private contracting and negotiation between two parties.

HB 2613- Short Term-ILHIC has no position on the bill.

HB 4055-Prior Auth Emergency- ILHIC is opposed to the underlying bill. We are working with stakeholders to provide alternative language.

HB 4154-Medical Advance Bill- ILHIC has no position on the bill.

HB 4180- Diagnostic Mammogram-ILHIC is opposed to the underlying bill. However, Committee Amendment 1 moves the Council to Neutral.

HB 4421 Breast Tomosynthesis- ILHIC is opposed to the bill. The Illinois General Assembly enacted [PA 101-580](#), [SB 162](#). This language mandated coverage for "second look" mammograms. Specifically, the statute already covers a diagnostic mammogram, and PA 101-580 expanded statute to include second look mammograms. We are waiting for some information from the Sponsor to determine whether this is an issue that is seen in self-insured individuals. Meaning, these individuals are regulated under the federal government and do not have access to this state coverage mandate.

HB 4477- Provider Discrimination-ILHIC is opposed to this bill. Provider networks are a critical tool to an insurer to ensure that patients receive care that 1) achieves the quality standards of the health plans; and 2) contracts with the health plan to lower the cost of care to the consumer. This bill completely dismantles insurance networks, which will create substantial costs to consumers.

HB 4504- Inhaler Coverage- ILHIC is opposed to the underlying bill. However, House Committee Amendment 1 is agreed to language and ILHIC is Neutral with the amendment.

HB 4562 Genetic Testing-ILHIC is opposed to the bill. We are still working with stakeholders and the Senate Sponsor on language in the Senate companion bill.

HB 4633 School Based Health Center- ILHIC is opposed to this bill. The Council is unsure of the intent of this bill. Payments are negotiated within the contracting process. As drafted, this would mandate that school-based health centers be paid at the same rate as hospitals or outpatient centers. There are concerns about legislating contracting terms within statute. We are currently reaching out to the sponsor to obtain more information.

HB 4780- DLR-ILHIC is opposed to this bill. Dental benefits, which are sold by many of our health and life insurers, are typically a small but vitally important part of the portfolio of products available to IL employers and individuals and families designed to provide financial protection while also focusing on preventive aspects of health care. Three-quarters of those with dental benefits regularly see a dentist versus less than 50% of those who don't, so the value of dental insurance clearly demonstrates that those who have it are much more likely to obtain routine cleanings and preventive exams, which ultimately translates into better overall health outcomes. HB 4780 imposing a dental loss ratio would essentially threaten those outcomes. It does not equate to more dental care and will decrease the availability of affordable dental coverage. It is important to draw a distinction between the MLR that is applied to health insurance and why a similar measurement applied to dental insurance would not yield the same outcomes. The MLR for health plans (imposed by the ACA) requires health plans to spend 80 cents out of every premium dollar collected on clinical services and quality improvement while the remaining 20 cents must cover administrative costs and profit, including claims administration, enrollments systems, salaries, overhead, and marketing. Health insurers that fail to meet the MLR standard each year must pay rebates to their consumers. For several reasons, MLR requirements were not applied to dental plans. Dental plan premiums on average are 1/20th of the health insurance premiums (in part because health insurance is technically a mandated product while dental is voluntary). Dental plans therefore have far fewer premium dollars to support the same basic administrative functions as that of the health insurers. It is therefore reasonable to expect that dental insurers would have lower minimum loss ratios than that of the health insurers. In fact, the NAIC also recognized the impact of these fixed costs and suggested that lower loss ratios could be appropriate for limited benefit plans or lower premium products like dental plans. For example, Dental is on average \$25 per member per month versus \$600 per member per month for comprehensive health insurance. With the 80% MLR, Dental only has \$5 PMPM for admin purposes vs. \$120 PMPM for Medical. This is why no other state imposes a DLR, with the exception of MA, which did so by ballot initiative. CA for example has had an annual MLR reporting law since 2014 that authorizes the Dept of Managed Healthcare to recommend a DLR, but chose not to do so. Unlike health and dental claims that tend to be paid closer to the issue date of the policy, life insurance claims are usually larger but also paid many years after the policy is issued. Because of this, life insurers report their financial solvency using a formula and form that are different from health or dental insurance. There are also huge variations in the costs of administration between large group, small group, and individual plans. It is far more difficult to administer a loss ratio the smaller a group gets, as there are fewer economies of scale. MLR on the health side accounts for this (80% in small/individual vs. 85% in large group). MA did not recognize these differences and therefore, it has had a compounding and chilling effect on the dental insurance market. Life insurers are not only disadvantaged, but at least one health insurance carrier has already stopped marketing their product in MA as a result, which speaks to the overarching concern that this type of proposal would have the exact opposite effect of what the dentists are suggesting in that the dental insurance market will contract.

HB 4789- Dental Pre Authorization ILHIC is opposed. There are various deviations from the language presented in HB 4789 and the agreed NCOIL model. The Council is currently working on a compromise with the dental groups.

HB 4929- Gym Membership- ILHIC is opposed to this bill. This mandate will increase the cost of insured's premiums. In addition, some employers have wellness programs, which would create a duplicative and costly impact.

HB 5103- Cancer Screenings- ILHIC has no position.

HB 5282 Miscarriage Stillbirth- ILHIC has no position.

HB 5295- Hormone Therapy- ILHIC has no position.

HB 5382- Continuous Glucose Monitor- ILHIC is opposed to this bill. The Council is working with the Senate Sponsor and stakeholder on the companion bill in the Senate. We believe we are close to reaching an agreement in the Senate.

HB 5493- Ins. Various- ILHIC is currently opposed. However, we are working with the Department and providing feedback. They have indicated that an amendment is forthcoming.

HB 5643- Pregnancy Tests- ILHIC is currently opposed. However, the Council had discussions with the stakeholder and provided suggested language aimed at the Sponsor's intent. Specifically, 1. Moves the effective date to 2026 to align with the Department of Insurance's policy filing timelines. 2. Provides coverage for up to two at home pregnancy tests every thirty days. This was taken from some of the conversation surrounding testing appropriately. (This avoids the over testing problem provided by fertility physicians.)

House Healthcare Availability and Accessibility

3/12/24

4:00pm

Room C-1

HB 4056- Maternal Health Workgroup Act- ILHIC has no position on this bill.

HB 4472- PDAB Board Bill- ILHIC is currently opposed to this bill and having discussions with the Sponsor. The Sponsor has indicated that the bill will not move this week.

HB 4548- PBM-ILHIC is opposed to the bill. The Council has concerns regarding restricting processes that provide drug cost savings to consumers as well as mandatory payments to pharmacies, which increases costs to consumers.

HB 5051 Prior Auth Prescription Drugs- ILHIC is opposed to the bill. As drafted, the language has broad implications, which will increase healthcare costs to consumers. We are in the process of meeting with the Sponsor to discuss our concerns.

HB 5142 Pregnancy Postpartum Care- ILHIC is opposed to the bill. There are fiscal concerns regarding no cost sharing mandates and the increase in consumer's premiums. We are discussing our concerns with the Sponsor and stakeholders.

HB 5355 Nonopioid Alternative Act- ILHIC is opposed to this bill. We are in the process of connecting with the Sponsor to discuss our concerns.

HB 5517 Health Care Costs Act- ILHIC has no position on this bill.

House Consumer Protection

3/12/24

4:00

Room 115

HB 4629- Junk Fee Bill-ILHIC requests legislative intent on this bill.

Senate Insurance

3/12/24

5:30 PM

Room 400

SB 2572 Menopause/ Glucose- ILHIC is awaiting an amendment on this bill. We are opposed to the underlying bill. However, we are working on alternative language with the Sponsor.

SB 2639- Infertility Coverage- ILHIC is opposed to the underlying bill. However, we did provide alternative language to the Sponsor.

SB 2641 NATA- ILHIC is opposed to the underlying bill. However, we did provide alternative language to the Sponsor and stakeholders.

SB 2671- Riding Therapy- ILHIC is opposed to the underlying bill. However, we did provide our suggestions. If they are included in the amendment, we will remove our opposition. Our suggestions included an effective date change as well as adding medical necessity.

SB 2697- Genetic Testing- ILHIC has no position on the bill.

SB 2735- Electronic Fees- ILHIC is opposed to the underlying bill. However, the Council will be neutral with Senate Amendment #1.

SB 2836- Short Term Coverage. ILHIC is opposed to this bill. It was indicated that this bill will not move next week.

SB 2858 Health Exchange Enrollment- ILHIC has no position on this bill.

SB 2896 Behavioral Health- ILHIC is opposed to the underlying bill. However, we are negotiating the language with stakeholders and the Senate and House Sponsor.

SB 3281- State Employee Mental Health- ILHIC has no position on the bill.

SB 3307- Nonparticipating Providers- ILHIC is still working on a position. We are reaching out to the Sponsor to clarify the intent of the bill.

SB 3414- Continuous Glucose Monitor-ILHIC is opposed to the underlying bill. However, we are awaiting a third amendment that will take off the Council's opposition.

SB 3665- Pregnancy/Postpartum Care-ILHIC is opposed to this bill. There are fiscal concerns regarding no cost sharing mandates and the increase in consumer's premiums. Additionally, there are potential safety concerns with providers within the language acting outside of their scope of practice (as well as not being credentialed.)

SB 3732- Prior Auth Chronic Health- ILHIC opposes the underlying bill. We are comfortable with the bill moving to give time for negotiations.

SB 3739- Network Adequacy Standards- ILHIC is opposed to this bill. Major pieces of the bill have recently been negotiated in previous legislation and regulation. At a high level, this bill will significantly increase cost to the consumer and establish a discriminatory impact to consumers on the ACA Marketplace. The House bill will have a subject matter hearing next Wednesday in House Human Services Committee.

SB 3741- Prior Auth Substance Use- ILHIC has no position.

Mental Health and Addiction Committee

March 14, 2024

10:00 AM

HB 4475- Behavioral Health- ILHIC is opposed to the underlying bill. However, we are working with the Sponsor and Stakeholders on alternative language to get to an agreement.

HB 5313- Network Adequacy Directory- ILHIC is opposed to the underlying language. However, we are providing an alternative language to the Sponsor.