

Bills in Committee



March 21

House Insurance C-1 Stratton

4:00PM

HB 440 Consumer Health Care Access Liaison- ILHIC has no position. The Council is a bit unsure of the specifics of what this employee would do. Additionally, the Council questions whether 1. Agencies have authority in their existing statutes to give information or collaborate in a way the Department of Insurance is requesting; and 2. What are the specific functions of this job that differ from authority already granted within the Network Adequacy and Transparency Act regarding collaboration with other agencies.

HB 2072- ILHIC is Neutral on Amendments #2 and #3. This language is an agreement between ILHIC, the Dental Associations, ACLI, and other stakeholders.

Senate Insurance 400 Capitol

5:00PM

SB 1282 Liver Disease Screening Coverage Mandate- As currently written, ILHIC is opposed. However, we did discuss with the Sponsor changing the effective date to January 1, 2025 as well as creating an HDHP carve out. This language will ensure that consumers with high deductible health plans will not be disqualified from their Health Savings Accounts. If this amendment is filed, ILHIC will remove its opposition.

Subject Matter SB 1287 Dental Loss Ratio- ILHIC is opposed. No other state in the Country (besides Massachusetts) has implemented a Dental MLR. California has a dental MLR reporting law, and while their analysis is not public, the California Department of Managed Health Care has indicated that the data they have seen would suggest a disruption to the dental insurance market if a minimum loss ratio were to be required. They have therefore not moved forward with any such requirement in that

state. Applying MLRs to dental plans would lead to higher premiums, coverage losses, and decreased oral outcomes for families who depend on their dental coverage.

Subject Matter SB 1912 Rate Review- ILHIC is opposed. [Public Act 102-0900](#), that just passed last year, required the Department of Insurance to oversee a study to explore rate setting approaches with the goal of making coverage more affordable for low to middle income residents. The Department sent the data call to collect information to conduct the study with a due date from issuers of November 23, 2022. This study is to receive actual data on what policy options are the best for the specific goals in mind. That study has not been finalized. Moving towards a policy without the research that was required by previous legislation for the policy we are looking at today would be wasting precious resources and insight into what would be best for our state with those specific goals in mind. Additionally, Rate Review is now being tied to the State moving to a State Based Exchange, which does not establish an assessment cap on insurers, increasing costs for consumers across the State.

March 22

House Health Care Licenses 122B Capitol Room

9:00 AM

HB 559 HFA #2- Pharmacy COVID/FLU- for purposes of the Insurance Code provisions, ILHIC has no position.

House Appropriations Health and Human Services C-1 Stratton

9:00AM

HB 1094 Healthcare for All- ILHIC is opposed to this bill. The recently published Illinois Feasibility Study noted that with a BHP, Marketplace enrollment would decrease by 35%, and premiums would increase by 4%-6%. The ACA included in its construction the critical need for healthy individuals being included in a risk pool. A BHP does not solve the inherent problem of consumer insurance literacy or accessible care. In fact, the BHP creates a tale of two consumers, further splintering the goal of affordable coverage for all.

HB 3496 Medicaid Buy In- ILHIC is opposed to this bill. The recently published Illinois Feasibility Study concluded that under a broad buy-in option, 20%-30% of Marketplace enrollees would shift to the Medicaid Buy-in model, decimating the individual Marketplace by 26%-74%. Many individuals shifting to the Medicaid Buy-in option would be healthier, leaving a sicker risk pool and higher premiums for individuals wishing to stay in the Marketplace. It is clear that pulling this untested Medicaid Buy-in policy block would destabilize the same ACA that is praised consistently as expanding access to comprehensive health insurance coverage, made even more affordable for many Illinoisans by way of expanded premium assistance and cost-sharing.

HB 3585 Long-Acting Contraceptive- Within the Insurance code, this language is duplicative. Long-acting contraceptives are already included in contraceptive coverage.

Senate Executive 212 Capitol

3:00 PM

SB 1344 SFA #1- Coverage Abortion and Hormone- ILHIC has no position on the amendment.