

JANUARY 14, 2022

ILHIC LEGISLATIVE CALL NOTES



*THE ILLINOIS LIFE AND HEALTH INSURANCE COUNCIL
PROMOTES AND ADVOCATES FOR A HEALTHY AND
COMPETITIVE LIFE AND HEALTH INSURANCE INDUSTRY FOR
THE FINANCIAL WELL-BEING OF EMPLOYERS, INDIVIDUALS,
AND FAMILIES IN ILLINOIS.*



1. Session Update

2. Bills Filed

a. HB 4430 (Cassidy)

- i. Amends the Pharmacy Practice Act. Expands the pharmacist's scope of practice to include the initiation, dispensing, administration of drugs, laboratory testing, assessments, referrals, and consultations for PrEP treatment. Language states that pharmacists shall be covered and reimbursed for these services ordered and administered by a pharmacist at least 85% of the rate that physicians are reimbursed for Medicaid and other payers.

b. HB 4433 (Morgan)

- i. This language includes model language for Copay Accumulators. This language is the general agreement between all of the parties to use the NCOIL model language that was adopted earlier this month to provide for

this fix and avoid possible disruption of these products in the IL fully-insured market.

- c. HB 4413 (Hernandez)**
 - i. Provides that a group or individual policy that provides dependent coverage shall make dependent coverage available to an insured's parent or stepparent who meets the qualifying relative definition and resides within the insurance policy's service area.
 - d. HB 4408 (Conroy)**
 - i. Mandates plans that provide coverage for naloxone do so without cost sharing.
 - e. HB 4433 (Morgan)**
 - i. This language includes model language for Copay Accumulators. This language was agreed to by the Stakeholders, DOI, and ILHIC.
 - f. HB 4480 (Conroy)**
 - i. Mandates coverage with no cost sharing for mental health wellness checks for probationary and permanent police officers.
 - g. SB 3067 (Fine)**
 - i. Mandates coverage for congenital defects including treatment of cranial facial anomalies that are medically necessary to restore normal function or appearance. Cosmetic changes are included in coverage requirement.
 - ii. (Similar to HB 4349 Willis)
 - h. HB 4483 (Kifowit)**
 - i. Mandates coverage with no cost sharing for 3 primary care visits and 3 behavioral health visits. Treatment limitations for each of the 6 covered visits cannot be more restrictive than the treatment limitations applied to other primary care visits or behavioral health visits covered by the plan. Separate treatment limitations are prohibited.
 - i. HB 4493 (Morgan)**
 - i. An administrative/Insurance Code clean-up bill that encompass the change to the ANF rate along with other clean-up provisions.
- 3. Bills in Committee This Week**
- a. PBM Legislation Update**
 - i. HB 3620 and SB 2008**
 - ii. These bills were not called this week. However, we have confirmation that there will be White Bagging Language that will include:
 - 1. Prohibit health plans/PBMs from requiring the use of their specialty pharmacies for obtaining physician-administered drugs;
 - 2. Prohibit health plans/PBMs from differentiating their reimbursements to provider operated specialty pharmacies or applying different cost-sharing for provider-operated specialty pharmacies;
 - 3. Require prior approval for site of service for physician-administered drugs; and

4. Require the insured to use a home infusion pharmacy or use a site of service directed by the health plan/PBM.
 5. The provisions sound very similar to anti-white bagging proposals introduced in other states and it is my understanding they will apply to commercial, state employee group health, and other local/municipal govt. plans, but not Medicaid.
- iii. ILHIC is also hearing that there will be language forthcoming regarding 340B Pricing Program language.
 - iv. ILHIC is planning a conference call for January 19th from 10:00AM-10:45 AM (CT) to discuss PBM issues.

b. SB 1788 (Murphy)

- i. ILHIC had a discussion with Senator Murphy and she stated that she is adamant regarding concerns on keeping the same provider through the duration of a plan year. The bill was not called in Senate Insurance Committee. However, Senator Murphy expressed that she would be interested in having a subject matter hearing on the issue.

c. SB 2969 (Morrison)

- i. ILHIC opposed the underlying bill during Senate Insurance Committee. However, ILHIC negotiated with Senator Morrison and she has agreed to linking the coverage mandate to medical necessity as well as moving the effective date to Jan 1, 2024. Senator Morrison has made the commitment to moved bill out of committee and hold it on second for the amendment. Once the amendment is filed, ILHIC's position will be neutral.

4. Regulatory Updates

a. DOI Bulletin Overview of COVERAGE Mandates

- i. The purpose of the Department Bulletin is to provide overall awareness and requirements for new Illinois health mandates signed into law as a result of the 2021 Illinois Spring Legislative Session.