

ILHIC KEY BILLS (By Product Issue) – 2-12-2021

<u>Bill Number</u>	<u>Bill Description/Action</u>	<u>ILHIC Position</u>	<u>Status</u>
GENERAL – ALL PRODUCTS			
HB 241 (Jones)	Allows pre-licensure courses for producers to be completed via webinar (in addition to the classroom setting).	SUPPORT	House Rules
HB 242 (Jones)	Requires the IL Life & Health Insurance Guaranty Association to submit a plan of operation and any amendments thereto to the Director of Insurance within 200 days (instead of 180 days).	MONITOR	House Rules
HB 580 (Zalewski)	Ratifies and approves the Nurse Licensure Interstate Compact.	SUPPORT	House Rules
Data Privacy & Cybersecurity			
HB 53 (Andrade)	Provides that employers that rely solely upon artificial intelligence to determine whether an applicant will qualify for an in-person interview must gather and report certain demographic information to the Department of Commerce and Economic Opportunity. Requires the Department to analyze the data and report to the Governor and General Assembly whether the data discloses a racial bias in the use of artificial intelligence.	MONITOR	House Rules
Paid Family Medical Leave			
HB 74 (Flowers)	Establishes paid family leave requiring employers with 50 or more employees to provide 6 weeks of paid leave.	MONITOR	House Rules
HB 616 (Costa Howard)	Establishes paid family leave requiring employers (regardless of size) to provide 12 weeks of leave and pay the cost of health insurance applicable to the employee during that period.	MONITOR	House Rules
LIFE, DISABILITY, LTCI, & SUPPLEMENTAL			
HB 33 (Mason)	With respect to individuals who are participating in a substance use treatment or recovery support program, the proposed legislation seeks to prohibit life insurers from canceling, terminating, or “refusing to renew” an individual’s life insurance policy due to their participation; considering that participation in the underwriting or application process; or denying a claim due to a beneficiary’s participation in those programs. The provisions are specific to those individuals in active recovery/treatment programs and do not prohibit these considerations when applied across broader physical and mental health considerations, or individuals who are not in active recovery/treatment programs.	OPPOSE	House Rules

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HB 62 (Flowers)	Creates the Health Care For All program establishing single payer health insurance in IL.	OPPOSE	House Rules
HB 228 (Mayfield)	Prohibits an insurer or producer from making a distinction or otherwise discriminating between persons, reject an applicant, cancel a policy, or demand or require a higher rate of premium for reasons based SOLELY upon the basis that an applicant or insured has been convicted of a felony.	OPPOSE as INTRODUCED	House Rules
HB 295 (Manley)	As introduced, the provisions currently require insurers to issue an irrevocable assignment of benefits to a funeral home in an amount not to exceed the purchase price of a funeral or burial expense policy. The language is intended to address a current issue with Medicaid beneficiaries seeking eligibility and avoidance of current asset limitations. Current law allows exemptions in assets up to a certain dollar amount in addition to exemptions for final expense policies that must be irrevocably assigned. ILHIC is working with HFS, the IL Funeral Directors Association and the National Academy of Elder Law Attorneys to determine language that appropriately addresses the problem.	OPPOSE as INTRODUCED - Amendatory language is expected	House Rules
HB 317 (Jones)	Requires an air ambulance service or other entity that directly or indirectly, whether through an affiliated entity, agreement with a third-party entity, or otherwise, solicits air ambulance membership subscriptions, accepts membership applications, or charges membership fees to be regulated as insurance under the Insurance Code.	MONITOR	House Rules
HB 339 (Batinick)	Removes the 181-day, non-renewable limitation on short-term, limited duration health insurance policies.	SUPPORT	House Rules
SB 147 (Murphy)	Establishes a "birthday rule" for Medigap policies to provide that an existing Medicare supplement policyholder would be entitled to an annual open enrollment period of 60 days or more commencing on their birthday with guaranteed issuance of a replacement policy that offers benefits equal or less than those provided by the previous coverage.	OPPOSE	Senate Assignments
RETIREMENT/ANNUITIES			
HB 117 (Guzzardi)	Expands the Secure Choice Savings Program to apply to sole proprietors and employers (rather than employers with fewer than 25 employees) and allows for automatic increases in contributions. The provisions also expand the penalties levied on employers for failure to comply with the requirements of the Act.	OPPOSE	House Rules
HEALTH INSURANCE			

<u>Bill Number</u>	<u>Bill Description/Action</u>	<u>ILHIC Position</u>	<u>Status</u>
<u>HB 61 (Costa Howard)</u>	The provisions require coverage of prescription inhalants and require (instead of make permissive) a health insurer or managed care plan from denying or limiting coverage refills for prescription inhalants to enable persons to breathe when suffering from asthma or other life-threatening bronchial ailments if those restrictions are contrary to what has been prescribed and considered medically appropriate.	OPPOSE	House Rules
<u>HB 62 (Flowers)</u>	Creates the Health Care For All program establishing single payer health insurance in IL.	OPPOSE	House Rules
<u>HB 135 (Mussman)</u>	Authorizes the IL Department of Public Health to issue a standing order for contraceptives and authorizes a pharmacist to dispense hormonal contraceptives. The legislation requires health insurers to cover patient care services related to the dispensing of hormonal contraceptives for pharmacists.	OPPOSE	House Rules
<u>HB 146 (Morgan)</u>	Authorizes the Director of Insurance to actively approve individual and small group ACA health plan rates and may disapprove any rate deemed “unreasonable.” The Director must act on the rates within 60 days or else they are deemed approved.	OPPOSE	House Rules
<u>HB 213 (Conroy)</u>	Creates the Eating Disorder Treatment Parity Task Force within the DOI to review reimbursements to eating disorder treatment providers in IL, as well as out-of-state providers of similar services. The Task Force currently does not provide for industry representation, but requires the group to “work cooperatively with the insurance industry. . . to identify the high costs of medical complications, disability, and loss of life associated with eating disorders and to determine whether disparities in insurance reimbursement is limiting access to a full range of evidence-based treatment providers in the State.”	OPPOSE (Due to lack of industry representation on the Task Force) <i>The sponsor has agreed to file an amendment to add 2 members of the insurance industry to the Task Force).</i>	House Rules
<u>HB 707 (Didech)</u>	Amends the current telehealth coverage provisions, for policies that provide coverage for telehealth services, reimbursement must be made at parity with those same services if they were provided in-person.	OPPOSE	House Rules
<u>HB 711 (Harris)</u>	Creates the Prior Authorization Reform Act to establish new requirements regarding disclosure and review of PA requirements, denial of claims or coverage by a utilization review organization for various levels of service, including nonurgent and urgent care effective January 1, 2022. The provisions of the bill incorporate some feedback provided by ILHIC to <u>HB 5510 (Harris)</u> of the 101 st General Assembly. Proponents of the bill, including ISMS and other provider and patient advocacy groups, have formed a “Your Care Can’t Wait”	OPPOSE	House Rules

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	campaign in support of prior authorization reform. Identical to SB 177 (Holmes) .		
HB 1728 (Mazzoichi)	Amends the Medical Patient Rights Act to provide, in addition to any other right provided under the Act, certain qualifying patients have the ability to request diagnostic screenings without a physician's order as follows: (1) females over the age of 40 have the right to a breast cancer screening mammogram once per year; and all persons have a right to request annual screening under the age of 40 if such person has a family history of breast cancer; or genetic testing has confirmed likelihood that such person has otherwise tested positive for BRCA1 or BRCA2 mutations; (2) males have the right to prostate-specific antigen testing at once per year if specified requirements are met; (3) all persons have the right to colorectal screening under specified conditions; (4) all persons over the age of 18, or under the age of 18 with one parent's consent, have the right to screening for sexually transmitted diseases or infections at least every 6 months, or in the event of unprotected sexual activity; and (5) all persons over the age of 18, or under the age of 18 with a parent's or legal guardian's consent, have the right to screening for COVID-19 infection and testing for COVID-19 antibodies. The provisions of the bill do not require coverage and the patient seeking the diagnostic test without a written order from a physician shall be responsible for paying for the diagnostic test provided that the provider of the diagnostic testing provides the patient in writing the cost of the diagnostic test prior to it being performed and the patient agrees to that cost.	MONITOR	House Rules
HB 1745 (Harris)	Requires health insurance carriers that provide coverage for prescription drugs to ensure that, within service areas and levels of coverage specified by federal law, at least half of individual and group plans meet one or more of the following criteria: 1) apply a pre-deductible and flat-dollar copayment structure to the entire drug benefit; 2) limit a beneficiary's monthly out-of-pocket financial responsibility for prescription drugs to a specified amount; or 3) limit a beneficiary's annual out-of-pocket financial responsibility for prescription drugs to a specified amount. Effective January 1, 2022.	OPPOSE	House Rules
SB 158 (Holmes)	Creates the Prior Authorization Reform Act to establish new requirements regarding disclosure and review of PA requirements, denial of claims or coverage by a utilization review organization for various levels of service, including nonurgent and urgent care effective January 1, 2022. <i>This bill will be tabled in favor of SB 177 (Holmes).</i>	OPPOSE	Senate Assignments

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SB 177 (Holmes)	<p>Creates the Prior Authorization Reform Act to establish new requirements regarding disclosure and review of PA requirements, denial of claims or coverage by a utilization review organization for various levels of service, including nonurgent and urgent care effective January 1, 2022. The provisions of the bill incorporate some feedback provided by ILHIC to HB 5510 (Harris) of the 101st General Assembly. Proponents of the bill, including ISMS and other provider and patient advocacy groups, have formed a “Your Care Can’t Wait” campaign in support of prior authorization reform. Identical to HB 711 (Harris).</p>	<p>OPPOSE</p>	<p>Senate Assignments</p>