

ILHIC KEY BILLS (By Product Issue) – 2-19-2021

<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
HB 1955 (Jones)	DOI Initiative adopting Holding Company Act 2014 amendments and providing for additional clean-up provisions to the existing Holding Company Act, effective immediately.	TBD	House Rules
HB 1956 (Jones)	DOI Initiative updating state statute to comply with the Covered Agreement by adopting the Credit for Reinsurance model law, and 2020 Holding Company Act amendments regarding Group Capital Calculation, effective December 31, 2022.	TBD	House Rules
HB 1957 (Jones)	DOI Initiative providing for various Insurance Code clean-up changes, including partial codification of EO 2020-29 to allow for producer prelicensure courses to take place via webinar effective immediately.	SUPPORT	House Rules
HB 2405 (Hoffman)	Authorizes the Illinois Insurance Guaranty Fund, at the direction of its board of directors and subject to the approval of the Director of Insurance, to form and own a not-for-profit corporation to which the Fund may delegate certain of its powers and duties provided by the Code. Allows the not-for-profit corporation to contract to provide services to the Office of Special Deputy Receiver or any other person or organization authorized by law to carry out the duties of the Director in the capacity of receiver under specified provisions of the Code, the Illinois Life and Health Insurance Guaranty Association, an organizations in another state similar to the Illinois Insurance Guaranty Fund or the Illinois Life and Health Insurance Guaranty Association. Effective immediately.	MONITOR	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	MONITOR	House Rules

Bill Number	Bill Description/Action	ILHIC Position	Status
	data and report to the Governor and General Assembly whether the data discloses a racial bias in the use of artificial intelligence.		
HB 1811 (Andrade)	Amends the Equal Pay Act and the Consumer Fraud and Deceptive Business Practices Act to restrict use of predictive data analytics used to determine a job applicant's credit worthiness or a hiring decision to include information that correlates with the race or zip code of the applicant for credit or employment.	MONITOR	House Rules
HB 2404 (Buckner)	Creates the Right to Know Act to require operators of commercial websites or online services that collect personal information about Illinois customers must, in their terms of service or privacy policy, identify all categories of personal information the operator collects, identify all categories of third party persons or entities with whom the operator may disclose that information, and provide a description of the customer's rights to access their information. Provisions also provide for a private right of action. Provides for blanket exemption for entities subject to GLBA and HIPAA.	OPPOSE	House Rules
HB 3030 (Wheeler)	Creates the Cybersecurity Compliance Act to provide for an affirmative defense for every covered entity that creates, maintains, and complies with a written cybersecurity program (as prescribed by the legislation).	MONITOR	House Rules
HB 3040 (Wheeler)	Creates the Insurance Data Security Act based on the NAIC Cybersecurity Model Law. The provisions DO NOT contain suggested changes put forward by the joint trades (industry).	OPPOSE without Joint Trade Suggested Changes	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
HB 2625 (Flowers)	Creates the Family Leave Insurance Act. Requires the Department of Employment Security to establish and administer a family leave insurance program. Provides family leave insurance benefits to eligible employees who take unpaid family leave to care for a newborn child, a newly adopted or newly placed foster child, or a family member with a serious health condition. Authorizes family leave of up to 12 weeks during any 24-month period. Authorizes compensation for leave in the amount of 85% of the employee's average weekly wage subject to a maximum of \$881 per week. <i>The state-run leave program does not replace the private market option.</i>	MONITOR	House Rules

Bill Number	Bill Description/Action	ILHIC Position	Status
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
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
HB 2649 (Yednock)	Requires supplemental hospital/medical indemnity policies to provide coverage for (rather than offer optional coverage for an additional premium) for the	OPPOSE	House Rules

Bill Number	Bill Description/Action	ILHIC Position	Status
	reasonable and necessary medical treatment of temporomandibular joint disorder and craniomandibular disorder.		
SB 202 (Morrison)	Provides that it is a civil rights violation to offer a group or individual policy of accident and health insurance, including coverage against disablement or death, that does <u>not</u> include equal terms and conditions of coverage for the treatment of a mental, emotional, nervous, or substance use disorder or condition or a history thereof. Senator Morrison sponsored P.A. 101-0332 establishing a task force to study disability income insurance and parity for behavioral health conditions, but the Governor has not yet made appointments to the task force and the group has not yet met or begun that work.	OPPOSE	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 Insurance
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. Identical to SB 208 (Martwick) .	OPPOSE	House Rules
SB 208 (Martwick)	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. Identical to HB 117 (Guzzardi) .	OPPOSE	Senate Rules
HEALTH INSURANCE			
HB 61 (Costa Howard)	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.	MONITOR	House Rules
HB 62 (Flowers)	Creates the Health Care For All program establishing single payer health insurance in IL.	OPPOSE	House Rules

<u>Bill Number</u>	<u>Bill Description/Action</u>	<u>ILHIC Position</u>	<u>Status</u>
HB 135 (Mussman)	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
HB 146 (Morgan)	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
HB 213 (Conroy)	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
HB 707 (Didech)	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
HB 711 (Harris)	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 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” campaign in support of prior authorization reform. Identical to SB 177 (Holmes) .	OPPOSE	House Rules
HB 1728 (Mazzochi)	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	MONITOR	House Rules

<u>Bill Number</u>	<u>Bill Description/Action</u>	<u>ILHIC Position</u>	<u>Status</u>
	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.		
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
HB 1779 (Flowers)	Prohibits health insurers from requiring prior authorization for biomarker testing for an insured with advanced or metastatic stage 3 or 4 cancer or biomarker testing of cancer progression or recurrence in the insured with advanced or metastatic stage 3 or 4 cancer.	OPPOSE	House Rules
HB 1976 (Moeller)	Allows optometrists to provide services via telehealth.	MONITOR	House Rules
HB 2370 (Avelar)	"Cap the copay" legislation that restricts an insured's monthly out of pocket cost to \$100 per 30-day supply.	OPPOSE	House Rules
HB 2406 (Scherer)	Provides that an individual or group policy of accident and health insurance or managed care plan in effect on and after March 9, 2020 must provide coverage for the cost of administering a COVID-19 vaccination. Language is silent on vaccine as approved by the FDA.	OPPOSE	House Rules
HB 2472 (Mazzoichi)	Requires the Director to solicit information and data from health insurance carriers regarding insurance coverage for pediatric autoimmune	MONITOR	House Rules

<u>Bill Number</u>	<u>Bill Description/Action</u>	<u>ILHIC Position</u>	<u>Status</u>
	neuropsychiatric disorder to report back to the General Assembly by November 15, 2021.		
<u>HB 2473 (Mazzochi)</u>	In provisions requiring insurance coverage for prostate-specific antigen tests and for colorectal cancer examination and screening, removes provisions requiring the testing be recommended or prescribed by a physician. The provisions also mandate coverage for testing of sexually transmitted diseases or infections.	OPPOSE	House Rules
<u>HB 2554 (Mah)</u>	For purposes of the Telehealth Act, the provisions add “acupuncturists” to the list of health care professionals; however the bill does not make corresponding changes to the acupuncturists’ practice act. The bill also provides IDFP to adopt rules clarifying applicable services and administration of the Telehealth Act.	MONITOR	House Rules
<u>HB 2589 (Conroy)</u>	The bill includes provisions mandating coverage for ALL opioid antagonists approved by the FDA in addition to reimbursing a hospital for the hospital's cost of any FDA approved opioid antagonist.	OPPOSE	House Rules
<u>HB 2653 (Mason)</u>	Mandates first dollar coverage for a diagnostic colonoscopy. The provisions include HSA tax preservation language.	OPPOSE	House Rules
<u>HB 2896 (Conroy)</u>	Early Intervention omnibus telehealth bill that includes language providing that if a health insurance policy provides coverage for early intervention services, it must also provide coverage for these services delivered via telehealth.	MONITOR	House Rules
<u>HB 2919 (Mazzochi)</u>	Provides that upon request by a party contracting with a pharmacy benefit manager, the party has an annual right to audit compliance with the terms of the contract by the pharmacy benefit manager, including, but not limited to, full disclosure of any value provided by a pharmaceutical manufacturer to a pharmacy benefit manager or the parent, subsidiary, or affiliate company of a pharmacy benefit manager. Provides for other PBM disclosure requirements.	MONITOR	House Rules
<u>HB 2930 (Mazzochi)</u>	In provisions concerning health insurance coverage for treatment of pediatric autoimmune neuropsychiatric disorders, provides that on and after the effective date of the amendatory Act, an insured shall have a cause of action for liquidated damages in the amount of \$1,000 or actual damages, whichever is greater, against any entity issuing a group or individual policy of accident and health insurance or managed care plan that fails to provide the coverage required for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome.	OPPOSE	House Rules

<u>Bill Number</u>	<u>Bill Description/Action</u>	<u>ILHIC Position</u>	<u>Status</u>
HB 2948 (Morgan)	DOI Initiative seeking to address the copay accumulator ban implemented under P.A. 101-0452 as it applies to HSAs paired with a HDHP (to preserve the pre-tax advantages). The language, however, also requires insurers to identify a non-HSA eligible HDHP and offer a non-HSA eligible product if they do provide an HSA-eligible HDHP.	OPPOSE	House Rules
HB 2992 (Lilly)	Requires the Department of Insurance to conduct a study to better understand the gaps in health insurance coverage for uninsured residents, including the reasons why individuals are uninsured and whether insured individuals are insured through an employer-sponsored plan or through the Illinois health insurance marketplace. P.A. 101-649 requires the DOI and HFS to conduct a health care affordability feasibility study to address some of the same issues, which is expected to be released by February 28. The bill also requires all hospitals to provide health insurance to their employees.	MONITOR	House Rules
HB 3175 (Jones)	DOI Initiative increasing the wellness coverage cap from 20% to 30% per federal rules and further provides for clean-up of the Navigator Certification Act.	NO POSITION	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
SB 177 (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. The provisions of the bill incorporate some feedback provided by ILHIC to HB 5510 (Harris) 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” campaign in support of prior authorization reform. Identical to HB 711 (Harris) .	OPPOSE	Senate Assignments