

ILHIC Member Call Notes

April 30, 2021

Call in Number 877-366-0711

Pass Code 65100221#

1. Key Bill Updates

- a. **HB2595 – Medical Necessity MH/SUD-** This bill passed over to the Senate and Senator Fine is sponsoring the bill. The Sponsor had a conversation with the Council and expressed that she hasn't really been included on the calls or negotiations. However, ILHIC will be meeting with KFI and Senator Fine today to negotiate further on the bill. KFI did submit an amendment that included some of their changes they brought to the last negotiation. However, large concerns regarding exclusivity still exist in the bill. Additionally, some changes they had suggested as part of the agreement package still didn't make it into the bill, such as deadline dates, and removal of a mandated education piece where insurers sponsor non-profits. Staff did mention to ILHIC in a different conversation that this bill is not likely to pass. However, KFI will still push the bill.
- b. **SB967- Maternity/ Postpartum Mandate-** This bill mandated some duplicative coverage required under ACA plans along with mandating some medical necessity standards that conflict with HB2595. ILHIC sent in alternative language that streamlines the mandate and language along with referencing the essential health benefits. Staff mentioned that this was a priority of Senator Castro. They have a deadline filed for April 30th. Meaning the bill must pass third reading by that date. Staff did say they are seeking another extension, but I haven't seen one yet. Staff also said that they will be taking our amendment, analyzing it, and then filing it.
- c. **SB 2008- PBM-** ILHIC participated in another stakeholder meeting regarding the PBM bill. There were 75 people on the call all from various stakeholder groups. Independent pharmacists, healthcare advocacy groups, and PCMA to name a few. The majority of the call centered around refuting data. The independent pharmacists refuted the fiscal impact to consumers on the bill and also brought various data stating that the bill would possibly save the state money. Senator Harris expressed that the focus should be on state cost, affordability to consumers, transparency, and access to prescription drugs. Which, to be frank, mirrors most of our concerns in the bill. We did submit comments that would bring the bill in line with the pharmacists stated goal, that is, if their goal is to actually provide transparency and access to consumers. Senator Harris is planning to go through the submitted comments on the bill (there were 18 documents) and reach out to see if he has questions.
- d. **HB 3498/HB 3308- Telehealth-** Senator Harris is now the sponsor of HB 3308. Senator Hunter is the sponsor of HB 349. There will be conversation with Harmon on Monday to request both bills go to Senate Insurance. We might be forced to negotiate payment parity in a broader sense due to the strong lobby of the hospitals. They are trying to split the baby with the two bills. However, we are continuing to narrow the scope of the bill.

- e. **SB 1096- COVID Testing-** Senator Gillespie filed agreed language to 1096 that sunsets a mandate that provides insurance coverage for diagnostic covid testing to all nursing home employees. The sunset is set for January 1, 2022. HCCI did oppose a sunset because they believed that the pandemic could still be going on. However, they went neutral. This is likely due to the negative subject matter hearing on LTCs and COVID-19. This bill passed on the agreed bill list. There will be an amendment in the House with technical changes and establishing an immediate effective date.
 - f. **SB 202-** SB 202 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 not 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. Any protected far more reaching than the goal. There is a realization that there is no way to solve for this at this time. SB 930 posted to Senate Insurance. Governor's Office is now making appointments for the task force suggested in the bill in SB930. ILHIC is pushing to advance SB930 in place of this bill.
 - g. **HB 295-** - HB 295 included irrevocable assignments of benefits to a funeral home. The amendment, states that an insured may be the owner of rights under an existing policy of whole life and may make an irrevocable assignment of his or her rights to a provider in consideration for signing a guaranteed preneed contract for the purpose of obtaining favorable consideration for Medicaid. While stakeholders are demanding an immediate change and to push the bill, Agencies are reluctance on pushing pack that these assets should be exempted from Medicaid. There is going to be further discussion over the summer for policies in this bill far beyond insurance. As of now, this bill is at a standstill.
 - h. **SB 930-** SB 930 SA #1 extends the task force dedicated to looking at short and long term disability income insurance to examine the use of those types of products for behavioral health conditions. ILHIC was strongly suggesting that that this language move in place of SB 202. After some extremely confusing testimony and lack of understanding of these products in committee, there is a likelihood that this bill will advance in place of SB 202.
2. Other Action Items
- a. **Insurance Industry Virtual Legislative Day (held jointly with IIA, IIA of IL, NAIFA-IL, and IAMIC)** The lobby days consisted of hearing from both the Senate and House Insurance Chairs as well as the Department of Insurance's Director. The Insurance Chairs offered hopeful remarks regarding healthcare and gave kudos to those working with business interruption insurance task force. Representative Jones did ask companies to remain innovative to meet the needs of this strange covid world. The Director explained her role at the Department and how the Department intends to become more robust (they are incredibly understaffed.) She did mention that the Department is incredibly nimble and efficient in answering questions from insurance plans. The second day consisted of a panel, which ILHIC participated in. Laura presented on telehealth, prior auth, medical necessity, life insurance and substance use treatment facilities HB 33, as well as SB 202, civil rights violations that does not include equal terms and conditions coverage for MH/SUD.
 - b. **House Healthcare Affordability and Accessibility Subject Matter Meeting on LTC and COVID.** - There was Subject Matter Committee meeting where IDPH, HFS, and HCCI LTC

facilities testified on the number of covid illnesses and deaths in LTCs. There was a presentation on how overcrowding and understaffing led to higher outbreaks of COVID. Additionally, HFS negated the story LTC facilities were giving that the Medicaid rate prohibited them from providing adequate staffing. In fact, HFS showed that the opposite was true. LTCs with inadequate staffing allowed for higher profits. When HCCI was addressed by members, they danced around answers and requested to take the questions back and answer them later. They failed to know how many LTCs were in their association. This was a change from previous meetings with HCCI. Many members expressed that any further funding given to LTCs without accountability would face strong opposition.

3. Upcoming Deadlines
 - a. May 31- Adjournment