



ILHIC Member Call Notes

May 21, 2021

1. Key Bill Updates

- HB 3308 & HB 3498- Telehealth- HB 3308 and HB 3498 both had subject matter only meetings in Senate Insurance. Prior to this meeting, there has been some confusion on what bill will be the vehicle to be negotiated on. Leadership has noted that it would be HB 3498, while Senator Harris would like to use HB 3308. Senator Harris called both bills as a subject matter in order to understand the difference between the two. ILHIC testified along with AHIP regarding concerns of broad payment parity and facility fees presented in HB 3498. The Hospital Association did testify in favor of HB 3498 and against 3308. The Hospitals stated that 3308 did not go far enough (currently parity is only for behavioral health services. They expressed that physical health parity is important as well. They also stated that 3308 does not apply to Medicaid. There seemed to be some facilitated questions from the hospitals that Senators asked. However, all questions centered around the issue that telehealth is critical and access needed to be increased. No questions or comments provided by IHA really spoke to the critical importance of provider parity.

Senator Harris has requested that all parties work on coming to an agreement on telehealth. Laura sent around language prepared for HB 3308 that pulls together both bills that would give a two-year extension on broad parity payment provisions while permanently extending payment parity for behavioral health. Massachusetts recently passed a telehealth provision extremely similar, stating that as the world is moving away from episodic care to management, there is opportunity to assist with behavioral health while seeing how the industry changes past the pandemic. We are seeking feedback on the language.

2. Committee Action Items

- **Senate Insurance Committee**
 - HB 33- Prohibition MH/SUD Underwriting Life Insurance- 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. ILHIC is neutral with HA #1. HB 33 Passed on the agreed bill list.
 - HB 135- Contraceptive Patient Services Mandate- mandates insurers to cover patient services coverage to pharmacists prescribing hormonal contraceptives if

factors are met. ILHIC is neutral with SA #1. HB 135 passed on the agreed bill list.

- HB 2109- Comprehensive Cancer Testing Mandate- Mandate to provide coverage for comprehensive cancer testing. The amendment removes prior authorization language and ILHIC is neutral. HB 2109 passed on the agreed bill list.
 - HB 2554- Acupuncturists Telehealth- Adds acupuncturists to the list of health care professionals. ILHIC is monitoring this bill. This bill was postponed in Insurance.
 - HB 2589- Opioid Antagonists- Originally mandates coverage for all opioid antagonists approved by the FDA in addition to reimbursing a hospital for the cost of the FDA approved opioid antagonist.SA #1 removed all Insurance Code Provisions and ILHIC is neutral. HB 2589 passed on the agreed bill list.
 - HB 2595- Medical Necessity MH/SUD- Provides standards for determining medical necessity for MH/SUD. ILHIC has negotiated with KFI and is neutral with SA #1. This bill passed on the agreed bill list.
 - HB 3308 & HB 3498- Telehealth – These bills remained in Insurance. Senator Harris wishes to pass a telehealth bill next week.
 - HB 3598- Chamber of Commerce- Requires companies that issue group policies of accident and health insurance to offer such policies to local chambers of commerce. ILHIC is neutral. HB 3598 passed on the agreed bill list.
 - HB 3709- Infertility Treatment- removes one year requirement of unsuccessful pregnancy before coverage begins. For women ages 35 or older who are unable to conceive, the waiting period is 6 months instead of 1 year. ILHIC is neutral with HA #1. HB 3709 passed out of Insurance Committee.
- **House Insurance Committee**
- SB 147- Medicare Birthday Rule- SA #1. Provides for an annual open enrollment of 45 days for those individuals age 65 and older, but no more than 75 years of age who currently have a Medicare supplement policy; 2. Allow eligible applicants to enroll in a plan of equal or less benefits with the same issuer without medical underwriting; and 3. Require issuers to incorporate the annual enrollment open enrollment provision for eligible Medicare Supplement policyholders into the buyers guide (which is subject to the Director’s approval.) ILHIC is neutral with the amendment. This bill passed on leave.
 - SB 930- Disability Income Parity Task Force- amends by providing that the task force on disability income insurance and parity for behavioral health conditions shall submit findings and recommendations to the Governor and the General Assembly by December 31, 2022 (rather than December 31, 2020). Provides that the task force is dissolved and the provision is repealed on January 1, 2023 (rather than December 31, 2021). ILHIC is neutral. This bill passed on leave.
 - SB 2112- Life Insurance Notice- Provides that a life company issuing an individual life insurance contract on or after January 1, 2022 shall notify an applicant, in writing on a form prescribed by the company at the time of application for the policy, of the applicant's right to designate a secondary

addressee to receive notice of cancellation of the policy based on nonpayment of premium. Provides that the applicant may make the secondary addressee designation at the time of application for such policy or at any time such policy is in force by submitting a written notice to the insurer containing the name and address of the secondary addressee. ILHIC is neutral with SA #1. This bill passed on leave.

- SB1905- Fertility Disclose- Requires employers that provide health insurance coverage to employees through policies written outside of the State to disclose to employees coverages required under the Insurance Code as well as coverages not included to the employees. ILHIC is monitoring this bill. This bill passed on leave.

- **House Human Services Committee**

- SB 700- Mandated Reporter- There was a new amendment filed to SB 700, which adds the mandate in HB 1918 to the bill. There is a difference in SB 700 language that expands the language to all adjusters. During debate there was a discussion and clarified intent that adjusters would be a new category of mandated reporter. Representative Morgan asked for the scope of the bill and some historical context. Proponents did say that it was odd that adjusters were included, but they wanted to add them in the eyes of the pandemic because other reporters might not be able to get to get eyes on elders. The bill passed on leave.

3. Other Discussion Items

- **SB 966 Medicaid Income Eligibility**

- The Medicaid Working Group recently showed interest in SB 966, which raises the income eligibility standard for all its medical assistance programs to include individuals whose income is equal to or less than 276% of the federal poverty level (or any higher percentage determined by the Department). This bill was brought up in a larger context of Illinois establishing a basic health plan. A basic health plan was a policy studied within the Healthcare Feasibility Study. The Feasibility modeled BHP variations in conjunction with its Medicaid MCO program (excluding long term care) and would reimburse providers at Medicaid rates. They looked at Minnesota, New York, and a zero premium and chose sharing proposal. The results from the study showed that under the NY and Minnesota plans, BHP premiums were significantly less than Marketplace Silver Plans, which would create an enrollment shift. The results found that a BHP in Illinois would decrease enrollment in the individual market by 35%. Due to a probable risk pool shift, unsubsidized premiums in the individual market would increase by 4%-6%. The study suggested that transitioning to a full state-based exchange would be the simplest way to implement a BHP.
- The study also stated that further analysis is necessary if the State were to investigate any of these policies further. There is a good argument that rushing something could very well harm consumers in Illinois. SB 966 is in Assignments. However, there might be renewed interest in this language as a larger policy change.

- The agenda with instructions as to how to register for the virtual MAC meeting on June 3 are posted online at <https://www.illinois.gov/hfs/SiteCollectionDocuments/MACPubEduSubcMeetingAgenda06032021.pdf> - two items of interest are agenda items to get feedback on the feasibility study AND ARPA HCBS FMAP spending. Links to materials to review in advance of the meeting are included in the agenda.
- **DOI Working Group on the Treatment and Coverage of Substance Use Disorders and Mental Illness**
 - DOI summarized the process of a market conduct exam. DOI also updated the group on a federal grant in order to do an analysis on the opioid benchmark plan changes. On last Friday, the data call went out to issuers to get a general sense of the changes to the benchmark plan changes to the marketplace plans impact and utilization. DOI also reported on the Parity Advancement Fund and opportunities to spend the money. DOI has an internal working group to provide educational resources for consumers if the funds are appropriated for the agencies use.
- **DOI Mental Health Parity Working Group**
 - The Working Group will be held today at 11:00. The Working Group recently completed phase 1 and 2. For phase 3, the stakeholders agreed to pause and see anticipated regulations from the Department of Labor regarding provider networks and reimbursement. There will likely be a check in this August. Additionally, ILHIC is speaking with the Department to see if they will issue a clarifying bulletin as to the phase timeline of submission.

4. Upcoming Deadlines

- May 31- Adjournment