ILHIC Regulatory Tracking 1-7-22

Regulator Item	Description	Status	Notes/Updates
Telehealth Executive Order <u>E.O 2020-09</u>	Requires health insurers to cover the costs of telehealth services rendered by in network providers.	In effect.	ONLY SECTIONS 9 and 10 were extended through January 8, 2022
Uniform Electronic Prior Authorization Form for Prescription Benefits (Proposed Amendment to 2018) beginning on pg. 14406	Requires insurers (beginning July 1, 2021) to accept and use a uniform prior authorization form for prescription benefits. Includes what must be within in the form and states that the Department will post the form on its website as a PDF.	In effect. Bulletin and Implementation PDF linked here.	
Policy Form Filing Requirements (Proposed Amendment to 916) beginning on pg. 6211	The proposed amendment would require life and health insurance companies to submit complete policy forms for all products by prohibiting matrix pages, insert pages, or modular filings.	Rule died procedurally on 4/24/21. If interested in pursuing the rule change, the Department must restart the rulemaking process.	ILHIC (in conjunction with ACLI) submitted a comment letter on June 8, 2020. DOI did not issue a response to ILHIC/ACLI comments
Construction and Filling of Life Insurance and Annuity Forms 2021 DOI Regulatory Agenda beginning on pg. 819.	Prohibiting insurers from filing life and annuity contracts on a Matrix Insert Page Basis. Clarifying misstatements of age. Adding requirements for graded death benefit policies.	Introduced in Regulatory Agenda	Anticipates First Notice Spring 2021 (Late).
CB 2021-15 Log4j Vunerability	This bulletin urges all regulated entities to review and monitor the CISA resource page and take steps to identify and mitigate any risks posed by the Log4j vulnerabilities.		
CB 2021-17 Expedited Hospital Transfers During COVID-19 Surge	This bulletin outlines the stress currently on the current COVID stress placed on hospital infrastructure and encourages all health insurers to take steps to expedite the transfer of patients to long-term care, nursing home or other alternative healthcare facilities		

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	when possible. The bulletin		
	included steps that can be		
	taken, which includes: 1.		
	Ensuring of adequate staffing;		
	2. Elevated priority to prior		
	authorization reviews for these		
	facilities; 3. Increase		
	communication between		
	providers/ facilities; 4. Verify		
	that the issuer's provider		
	networks are adequate are		
	adequate to handle an		
	increased volume in discharge		
	determinations. The bulletin		
	explains that if the issuer does		
	not have a participating		
	provider or facility within the		
	network with appropriate		
	capacity or experience to meet		
	the specific health needs of an		
	insured, issuers should make		
	exceptions to provide access to		
	non-participating provider/		
	facility at no greater cost than if		
	the benefits were provided at a		
	participating provider/facility		
	and include restrictions on		
	balance billing; 5. For instances		
	requiring utilization of non-		
	participating facilities to		
	accommodate timely transfer		
	l		
	when a participating provider		
	does not have capacity, to		
	ensure good faith negotiations		
	between the insurer of		
	coverage and non-participating		
	provider/facility to mitigate		
	delays.		
Proposed Rule	This proposed rule clarifies that	Proposed	
Misrepresentation and	misrepresentation of	•	
False Warranties	information shall not result in		
Beginning on page	denial of an insurance claim		
15934	unless there is intent of		
1000 /	misrepresentation or materially		
	affects the risk assumed by the		
	insurer.		
	mourer.		

Proposed Rule Workers Compensation Act Beginning on page 16152	This proposed rule amends manual filings requiring companies to notify DOI at least 30 days prior the effective date of any rule change filed by its rating organization and adopted without modification by the company.	Proposed	
Proposed Rule Infertility Coverage Beginning on page 16140	This proposed rule implements various changes to the Illinois insurance code pertaining to group health insurance policies that provide pregnancy-related coverage to businesses with 25 or more full-time employees. Rulemaking aligns the definition of infertility to the recent bill that was pass (now PA 102-170) which includes a failure to establish a pregnancy or carry to live birth after 12 months (6 months for women over the age of 35). The rulemaking also requires the freezing and storage of sperm, oocytes, or embryos to be covered for a covered individual undergoing medical treatment that could cause infertility. The rule also removes abortion as an exclusion, while removing the word "women" to make language more inclusive.	Proposed	ILHIC is seeking clarification of "storage"
Proposed Rule Credit for Reinsurance Beginning on page 15423	This proposed rule implemented standards adopted by NAIC in accordance with recent international agreements. This rule defines which entities this is credited under which a credit will be given for reinsurance. (Example) Coverage obtained by an insurance company from an assuming insurer to protect from loss ceded by domestic	Proposed	

insurers to an assuming insurer located in a reciprocal jurisdiction. Reciprocal jurisdiction is defined, and the Director must maintain and publish and update a list of reciprocal jurisdictions.	
reciprocal jurisdictions.	