

**ILHIC Regulatory Tracking 9-10-21**

<b>Regulator Item</b>	<b>Description</b>	<b>Status</b>	<b>Notes/Updates</b>
Telehealth Executive Order <a href="#">E.O 2020-09</a>	Requires health insurers to cover the costs of telehealth services rendered by in network providers.	In effect.	ONLY SECTIONS 9 and 10 <a href="#">E.O. 2021-15</a> was extended through September 18, 2021. Section 9 was amended to include HIPAA provisions. Revisions linked <a href="#">here</a> .
Producer Licensure Executive Order <a href="#">E.O 2020-29</a>	Allows insurance producers and public adjusters to complete required coursework via webinar or other approved distance learning. Extended temporary insurance producer licenses. Suspends requirement that two-part producer examination testing must be passed within 90 days of each other.	NOT in effect.	HB 1957 (now <a href="#">PA 102-0135</a> ) took effect on 7/23/21.
Uniform Electronic Prior Authorization Form for Prescription Benefits ( <a href="#">Proposed Amendment to 2018</a> ) <i>beginning on pg. 14406</i>	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 <a href="#">here</a> .	
Minimum Benefit Standards for Diabetes Coverage ( <a href="#">Proposed Amendment to 2019</a> ) <i>beginning on pg. 14416</i>	215 ILCS 5/356z.41 established a \$100 cap on cost-sharing per 30-day supply of insulin, which applies to group and individual policies that cover prescriptions. Clarifies that group voluntary health services plans offered by limited	<a href="#">Adopted June 11, 2021</a>	

	health services organizations apply to the 215 ILCS 5/356z.41.		
Extension of Corporate Name Disclosure Requirements to Excepted Benefits <a href="#">(Proposed Amendment to Part 2001)</a> beginning on pg. 17603	The proposed rule makes changes to allowable incentive for wellness programs, as well as extends corporate name disclosure requirements applied under Section 2001.13 to comprehensive medical policies (effective August 28, 2020) to excepted benefit policies and short-term limited duration policies. These changes include prohibiting reference to DBAs (Doing Business As) and providing the corporate name in the footer of every policy page.	<a href="#">First Notice</a>	ILHIC submitted a <a href="#">comment letter</a> on December 21, 2020.  DOI has not yet issued a response to ILHIC comments.
Policy Form Filing Requirements <a href="#">(Proposed Amendment to 916)</a> 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.	<a href="#">Rule died procedurally on 4/24/21. If interested in pursuing the rule change, the Department must restart the rulemaking process.</a>	ILHIC (in conjunction with ACLI) submitted a <a href="#">comment letter</a> on June 8, 2020.  DOI did not issue a response to ILHIC/ACLI comments
Construction and Filing of Life Insurance and Annuity Forms <a href="#">2021 DOI Regulatory Agenda</a> 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.	<a href="#">Introduced in Regulatory Agenda</a>	Anticipates First Notice Spring 2021 (Late).
SB 147	Provides that, if an individual is at least 65	<a href="#">PA 102-0142</a>	The DOI will NOT provide a uniform

	<p>years of age but no more than 75 years of age and has an existing Medicare supplement policy, the individual is entitled to an annual open enrollment period lasting 45 days, commencing with the individual's birthday, and the individual may purchase any Medicare supplement policy with the same issuer that offers benefits equal to or lesser than those provided by the previous coverage.</p>	<p>There is a question regarding the permissive language in as to DOI providing a template form for insurers before the 1/1/22 effective date?</p>	<p>notice for the annual open enrollment that Med Supp carriers will be required to use per the requirements set forth in the in P.A. 102-0142 (SB 147). Carriers will be required to provide the notice of the annual open enrollment upon initial application of a Med Supp policy per P.A. 102-0142, but they do not have to file the notification for approval with the Department.</p>
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