

ILIC Legislative Committee – Call Summary

May 17, 2019

WEEK IN REVIEW:

Health Insurance Rate Approval Authority UPDATE: Senate President Cullerton convened a meeting on Wednesday with Senator Fine, DOI, ILIC, BCBSIL, and the consumer groups to discuss a possible path forward for [HB 471 \(Morgan/Fine\)](#), which gives the Department authority to disapprove rates for individual and small group ACA compliant health insurance plans. The Department has indicated that with some technical clean up changes, they would support the bill; however, they acknowledge they will need to ramp up hiring to meet the 60-day review deadline currently in the bill. BCBSIL has also put forward a proposed amendment that would tie approval/disapproval of the rates to actuarial soundness (rather than referencing “reasonable”) and give the Department the ability to request a 30-day extension to review if they first notify the insurer prior to the 60-day deadline. Senate Democrat staff is currently drafting a new amendment to capture the proposed changes and the sponsor is seeking a deadline extension for a possible Senate Insurance committee vote next week. ILIC remains opposed to the bill.

Data Privacy UPDATE: [HB 3358 \(Turner/T. Cullerton\)](#) creating the Data Privacy Act is now advancing in the Senate. The bill passed out of the Senate Judiciary Committee last week and the sponsor/proponents met this week with opponents (namely, representatives of the tech industry) to discuss additional changes. A new amendment is expected to be released next week. ILIC worked with the House sponsor to secure changes to the bill before it advanced over to the Senate to strengthen entity-level exemptions for HIPAA (the bill contains entity-level exemptions for GLBA). ILIC is continuing to push for preservation of the exemption and other changes secured in the House if the bill continues to advance in the Senate.

Lyme Disease Coverage: The Senate Insurance Committee approved [HB 889 \(Swanson/Anderson\)](#) mandating health insurance coverage of intravenous antibiotic treatment for tick-borne diseases. ILIC, AHIP, BCBSIL, and the business groups continue to oppose the mandate, as the treatment is currently considered experimental and falls outside of CDC recommendations for treatment of Lyme disease; however, the coverage mandate has strong bipartisan support.

**Correction to last week’s call minutes: [SB 1909 \(Castro/Greenwood\)](#) - an omnibus bill providing new coverage/treatment requirements for pregnant and postpartum women, including expanded Medicaid benefits did pass out of the House Human Services Appropriations Committee last week. The bill included a provision mandating coverage for medically necessary services for women up to a year after giving birth. ILIC had worked with the Senate sponsor to secure changes to the provisions outlining behavioral health coverage requirements for pregnant and postpartum women. ILIC, in partnership with the IL Chamber of Commerce, were working on additional changes in the House, but the House sponsor had previously indicated that the bill would be held in committee and deferred to the Medicaid legislative working group to vet the provisions for inclusion in an end-of-session omnibus Medicaid bill. The bill, however, is still expected to be a part of the broader Medicaid legislative working group.*

BUDGET/MCO TAX UPDATE:

Details on the proposed MCO assessment model are expected to be released next week by the Department of Health and Family Services. Legislative discussions on the MCO assessment are now taking place within the bipartisan, bicameral Medicaid working group and the Governor’s office is expected to engage stakeholders,

including ILIC, soon. In the meantime, ILIC has put forward a list of considerations with House and Senate Republican leadership engaged in the MCO discussions with the caveat that once details of the model are finally released, additional considerations may be put forward.

The MCO assessment model is expected to apply a per member per month (PMPM) assessment on non-Medicaid HMO lines of business (in addition to Medicaid MCOs); however, there is still some ongoing discussion about the possible inclusion of non-Medicaid PPOs.

Once details have been put forward, ILIC will circulate and schedule a call to discuss.

As lawmakers attempt to wind down the session by May 31, which includes passage of a new FY 2020 budget, there are plenty of rumors about additional revenue proposals that may emerge in the final days of session, including new taxes/fees to support a vertical infrastructure plan pushed by a coalition of hospitals, colleges and universities, and labor groups.

NEXT WEEK:

Both the House and Senate Insurance Committees are scheduled to meet next Wednesday, May 22:

House Insurance is scheduled to take up [House Amendment #1](#) filed to [SB 1377 \(Mulroe/Jones\)](#) that contains agreed language put forward by the IL Life and Health Insurance Guaranty Association to correct language enacted last year in IL's Division Law ([P.A. 100-1118](#)) to ensure that the Association/member companies are only exposed to the obligations of policyholders located in the state of IL and not to those policyholders in all 50 states. The proposed language requires a new company created under the Division Law to be licensed in all of the same states that the original dividing company is licensed in with respect to the policies transferred to the new company.

[House Amendment #1 to SB 653 \(Sandoval/Jones\)](#) is also expected to be heard in House Insurance. The amendment is an initiative of the IL Physical Therapy Association and prohibits a health insurer that requires a provider to use a time-based CPT code to bill for health care services from applying a time measurement standard that results in fewer units billed than allowed by the CPT code book.

The Senate Insurance Committee has posted [HB 471 \(Morgan/Fine\)](#) (DOI rate approval); [HB 2174 \(Willis/Fine\)](#) to require insurers on the exchange to offer a certain percentage of plans with a copay formulary structure; [HB 2846 \(Conroy/Fine\)](#) regarding the diagnosis and billing of PANDAS/PANS; and [Senate Amendment #3 to HB 3113 \(Cassidy/Fine\)](#), which restores the exemptions for HDHPs/HSAs inadvertently omitted in Senate Amendment #2 (the underlying bill mandates first-dollar coverage for one annual skin cancer screening).

Additionally, the Senate Insurance Committee is expected to hold a subject matter hearing on [SB 2255 \(Fine\)](#), which is an initiative of the IL State Dental Society to mandate coverage for cleft palate corrective surgery, including necessary dental procedures related to the cleft palate. The group has also filed identical language on [SB 659 \(Aquino/Willis\)](#) in the House.

UPCOMING MEETINGS:

There is still time to register for ILIC's annual meeting June 24 – 26 in Lake Geneva! ILIC has also secured approval to offer CLEs for the annual meeting sessions. We are currently working to finalize the agenda and will circulate as soon as possible.

If anyone has any feedback on any specific bills or any questions, please do not hesitate in reaching out to Laura at ilicminzer@gmail.com or Larry at ilicbarry@gmail.com.