



Illinois
State
Medical
Society



House Bill 311 – Ensure Patient Access to Health Care by Establishing Meaningful Network Adequacy Standards

HB 311 helps level the playing field for consumers who purchase state regulated health plans by requiring health plans **provide accurate provider information**, build networks that **include sufficient provider options**, and **protect patients from care disruption** when their preferred provider is no longer in network. We know that drastic changes are taking place at the federal level, but narrow networks and the trend to narrow them further without any transparency will continue regardless of what happens at the federal level.

We need to enact consumer protections at the state level. Our legislation provides several important protections for patients in Illinois to ensure that their health insurance network will provide for the healthcare they need:

- Provides the Illinois Department of Insurance a framework to promulgate rules that enact standards to ensure that patients have access to necessary healthcare professionals, including specialists and appropriate health care facilities.
- Requires health insurers to provide notice to patients when their healthcare professional is no longer in a network.
- Allows patients with serious health conditions or who are pregnant to stay with their healthcare professional for a designated period of time if the network changes.
- Ensures that network directories are accurate and kept up-to-date for patients to make informed decisions about selecting both their health insurance plans and health professionals.

Both ISMS and IHA has met with various stakeholders, including the Department of Insurance and representatives from the insurance industry. To address their concerns, HA1 was adopted in committee.

Among the key changes, the amended language:

- Provides the Department with additional flexibility in establishing provider ratios and time and distance travel standards that they think best meet the needs of Illinois patients.
- Provides plans additional flexibility in demonstrating how their networks provide sufficient access to inpatient services, including the services of preferred providers specializing in hospital-based care.
- Allows a network plan to consider the use of telemedicine to partially meet network adequacy requirements.
- Removes the provision that would have made the departure of a physician or hospital provider from a network plan a “qualifying event” that would allow the beneficiary to change insurance plans.

HA 2 addresses additional concerns expressed by the insurance industry while maintaining the core intent of the legislation. **HA 2 removes the opposition from Blue Cross/Blue Shield.** Among the key changes, the amended language:

- Removes requirements that plans receive approval for their networks and plan designs prior to marketing the products.
- Clarifies that the network adequacy standards only apply to the lowest cost sharing tiers provided in individual plans (not group plans).
- Requires physicians and other providers (along with network plans) to notify affected patients of non-renewal or termination of the physician from the network plan.
- Requires in-network facilities to provide disclosures to patients advising them that some care may be delivered by out-of-network providers.
- Provides more flexibility to insurance plans in their development of networks by removing the requirement that plans use a full-time equivalency standard when building their networks.
- Provides more flexibility to the Department in establishing provider ratios and time and distance standards by removing specific references to federal exchange plans and Medicare Advantage plan and maintaining the federal Centers for Medicare and Medicaid Services as the source of guidance.
- Clarifies the “effective date” of the legislation. We believe it is appropriate to clearly specify our intent that the legislation affect all plans offered for coverage effective on or after January 1, 2019.

We respectfully urge you to help pass important consumer protections by voting yes on HB 311 as amended.

House Bill 311 is supported by the following organizations:

- AARP
- American Cancer Society-Cancer Action Network
- Arthritis Foundation
- Cure Illinois
- Depression & Bipolar Support Alliance
- Epilepsy Foundation of Greater Chicago
- Illinois Chiropractic Society
- Illinois College of Emergency Physicians
- Illinois Public Health Association
- Illinois Society of Anesthesiologists
- March of Dimes
- Mental Health America of Illinois
- Mental Health Summit
- National Multiple Sclerosis Society
- National Organization for Rare Disorders
- Thresholds
- U.S. Pain Foundation