



**BlueCross BlueShield
of Illinois**

Illinois Legislative Updates: Pediatric Hearing Aid Coverage, the Insulin Mandate and More

December 2020

Pediatric Hearing Aid Coverage (Illinois Public Act 101-393 /House Bill 3503)

Summary: This legislation requires insurers to offer coverage or reimbursement for hearing instruments and related services when prescribed by a hearing care professional to augment communication.

Applies to:

- Retail
- Fully Insured (Custom and Standard)
- Grandfathered/Grandmothered/Transitional PPO and HMO
- Student Health
- State Employees Plan
- ASO County Employee/ Municipal Employee/School District plans*

Effective date: Applies to policies issued, amended, delivered or renewed **after Jan. 1, 2020**.

What's changing: The benefit period for pediatric hearing aid coverage is changing from 36 months to 24 months and will include:

- **Pediatric:** one hearing aid per ear, every 24 months, with no dollar maximum for children under the age of 19, including:
 - Hearing exams and selections, fitting and adjustment of ear molds when deemed medically necessary by a hearing care professional
 - Repairs when medically necessary
- **Adult:** coverage up to \$2,500 per ear, every 24 months, including:
 - Hearing exams and selections, fitting and adjustment of ear molds when deemed medically necessary by a hearing care professional
 - Repairs when medically necessary
 - Dollar limit applies to hearing aid/instrument only
 - There is no device limit
 - Batteries and cords

What now: *ASO Municipalities/County/School groups should consult with their own legal counsel regarding adding hearing aid coverage. Groups who wish to add that coverage can contact their account representative.

Insulin Mandate (Illinois Public Act 101-0625/Senate Bill 667)

Summary: This mandate limits the amount of member cost-share for insulin covered by a member's benefits.

Applies to:

- Retail
- Fully Insured (Custom and Standard)
- Grandfathered/Grandmothered
- PPO and HMO
- Student Health
- State Employees Plan
- ASO County Employee/ Municipal Employee/School District plans

Effective date: Applies to policies issued, amended, delivered or renewed **on and after Jan. 1, 2021**.

What's changing: Insurers must cap members' costs at **\$100 for a 30-day supply**, regardless of the type or quantity, as long as the insulin is a covered drug on the plan. The amount of member cost-share will **increase each year**. The Consumer Price Index of the Bureau of Labor Statistics of the United States Department of Labor will set the terms.

The Illinois Department of Insurance, Department of Human Services and Department of Healthcare and Family Services must issue a joint report on insulin pricing.

What now: Beginning Jan. 1, 2021, insulin pricing caps will be set on applicable plans.

Children and Young Adult Mental Health Crisis Act

(Illinois Public Act 101-0461 / House Bill 2154)

Summary: This Act requires coverage of bundled treatments for a serious mental illness, including coordinated specialty care and community treatment and support.

Applies to:

- Retail
- Fully Insured (Custom and Standard)
- Grandfathered/Grandmothered
- PPO and HMO
- Student Health
- State Employees Plan
- ASO County Employee/ Municipal Employee/School District plans

Effective date: Applies to policies issued, amended, delivered or renewed **on and after Jan. 1, 2021**.

What's changing: The Department of Insurance must develop medical necessity standards for this mandate. It must also develop a coding solution that would allow these services to be coded and bundled for payment.

The Illinois Medicaid program must restructure treatment options and processes for treating mental illness in young adults.

What now: We are still in the process of evaluating the business impact of this bill.

Rx Prior Authorization Form Mandate (Illinois Public Act 101-0463 / House Bill 2160)

Summary: This mandate requires insurers that provide prescription drug benefits to use a uniform electronic prescription drug prior authorization form.

Applies to:

- Retail
- Fully Insured (Custom and Standard)
- Grandfathered/Grandmothered
- PPO and HMO
- Student Health plans

Effective date: Applies to policies issued, amended, delivered or renewed **on and after July 1, 2021**.

What's changing: The Department of Insurance (or Department of Healthcare and Family Services for Medicaid) will develop a uniform prescription drug prior authorization form. Insurers that require prior authorization for prescription drug benefits will begin using the form July 1, 2021.

What now: We are still in the process of evaluating the business impact of this bill.