



Rep. Greg Harris

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LRB097 06572 ASK 53388 a

1 AMENDMENT TO HOUSE BILL 1191

2 AMENDMENT NO. _____. Amend House Bill 1191 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 changing Sections 356z.16 and 364.01 as follows:

6 (215 ILCS 5/356z.16)

7 Sec. 356z.16. Applicability of mandated benefits to
8 supplemental policies. Unless specified otherwise, the
9 following Sections of the Illinois Insurance Code do not apply
10 to short-term travel, disability income, long-term care,
11 accident only, or limited or specified disease policies: 356b,
12 356c, 356d, 356g, 356k, 356m, 356n, 356p, 356q, 356r, 356t,
13 356u, 356w, 356x, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
14 356z.8, 356z.12, 364.01, 367.2-5, and 367e.

15 (Source: P.A. 96-180, eff. 1-1-10; 96-1000, eff. 7-2-10;
16 96-1034, eff. 1-1-11.)

1 (215 ILCS 5/364.01)

2 Sec. 364.01. Qualified clinical cancer trials.

3 (a) No individual or group policy of accident and health
4 insurance issued or renewed in this State may be cancelled or
5 non-renewed for any individual based on that individual's
6 participation in a qualified clinical cancer trial.

7 (b) Qualified clinical cancer trials must meet the
8 following criteria:

9 (1) the effectiveness of the treatment has not been
10 determined relative to established therapies;

11 (2) the trial is under clinical investigation as part
12 of an approved cancer research trial in Phase II, Phase
13 III, or Phase IV of investigation;

14 (3) the trial is:

15 (A) approved by the Food and Drug Administration;

16 or

17 (B) approved and funded by the National Institutes
18 of Health, the Centers for Disease Control and
19 Prevention, the Agency for Healthcare Research and
20 Quality, the United States Department of Defense, the
21 United States Department of Veterans Affairs, or the
22 United States Department of Energy in the form of an
23 investigational new drug application, or a cooperative
24 group or center of any entity described in this
25 subdivision (B); and

1 (4) the patient's primary care physician, if any, is
2 involved in the coordination of care.

3 (c) No group policy of accident and health insurance shall
4 exclude coverage for any routine patient care administered to
5 an insured who is a qualified individual participating in a
6 qualified clinical cancer trial, if the policy covers that same
7 routine patient care of insureds not enrolled in a qualified
8 clinical cancer trial.

9 (d) The coverage that may not be excluded under subsection
10 (c) of this Section is subject to all terms, conditions,
11 restrictions, exclusions, and limitations that apply to the
12 same routine patient care received by an insured not enrolled
13 in a qualified clinical cancer trial, including the application
14 of any authorization requirement, utilization review, or
15 medical management practices. The insured or enrollee shall
16 incur no greater out-of-pocket liability than had the insured
17 or enrollee not enrolled in a qualified clinical cancer trial.

18 (e) If the group policy of accident and health insurance
19 uses a preferred provider program and a preferred provider
20 provides routine patient care in connection with a qualified
21 clinical cancer trial, then the insurer may require the insured
22 to use the preferred provider if the preferred provider agrees
23 to provide to the insured that routine patient care.

24 (f) A qualified clinical cancer trial may not pay or refuse
25 to pay for routine patient care of a individual participating
26 in the trial, based in whole or in part on the person's having

1 or not having coverage for routine patient care under a group
2 policy of accident and health insurance.

3 (g) Nothing in this Section shall be construed to limit an
4 insurer's coverage with respect to clinical trials.

5 (h) Nothing in this Section shall require coverage for
6 out-of-network services where the underlying health benefit
7 plan does not provide coverage for out-of-network services.

8 (i) As used in this Section, "routine patient care" means
9 all health care services provided in the qualified clinical
10 cancer trial that are otherwise generally covered under the
11 policy if those items or services were not provided in
12 connection with a qualified clinical cancer trial consistent
13 with the standard of care for the treatment of cancer,
14 including the type and frequency of any diagnostic modality,
15 that a provider typically provides to a cancer patient who is
16 not enrolled in a qualified clinical cancer trial. "Routine
17 patient care" does not include, and a group policy of accident
18 and health insurance may exclude, coverage for:

19 (1) a health care service, item, or drug that is the
20 subject of the cancer clinical trial;

21 (2) a health care service, item, or drug provided
22 solely to satisfy data collection and analysis needs for
23 the qualified clinical cancer trial that is not used in the
24 direct clinical management of the patient;

25 (3) an investigational drug or device that has not been
26 approved for market by the United States Food and Drug

1 Administration;

2 (4) transportation, lodging, food, or other expenses
3 for the patient or a family member or companion of the
4 patient that are associated with the travel to or from a
5 facility providing the qualified clinical cancer trial,
6 unless the policy covers these expenses for a cancer
7 patient who is not enrolled in a qualified clinical cancer
8 trial;

9 (5) a health care service, item, or drug customarily
10 provided by the qualified clinical cancer trial sponsors
11 free of charge for any patient;

12 (6) a health care service or item, which except for the
13 fact that it is being provided in a qualified clinical
14 cancer trial, is otherwise specifically excluded from
15 coverage under the insured's policy, including:

16 (A) costs of extra treatments, services,
17 procedures, tests, or drugs that would not be performed
18 or administered except for the fact that the insured is
19 participating in the cancer clinical trial; and

20 (B) costs of nonhealth care services that the
21 patient is required to receive as a result of
22 participation in the approved cancer clinical trial;

23 (7) costs for services, items, or drugs that are
24 eligible for reimbursement from a source other than a
25 patient's contract or policy providing for third-party
26 payment or prepayment of health or medical expenses,

1 including the sponsor of the approved cancer clinical
2 trial; or

3 (8) costs associated with approved cancer clinical
4 trials designed exclusively to test toxicity or disease
5 pathophysiology, unless the policy covers these expenses
6 for a cancer patient who is not enrolled in a qualified
7 clinical cancer trial; or

8 (9) a health care service or item that is eligible for
9 reimbursement by a source other than the insured's policy,
10 including the sponsor of the qualified clinical cancer
11 trial.

12 The definitions of the terms "health care services",
13 "Non-Preferred Provider", "Preferred Provider", and "Preferred
14 Provider Program", stated in 50 IL Adm. Code Part 2051
15 Preferred Provider Programs apply to these terms in this
16 Section.

17 (j) The external review procedures established under the
18 Health Carrier External Review Act shall apply to the
19 provisions under this Section.

20 (Source: P.A. 93-1000, eff. 1-1-05.)

21 Section 99. Effective date. This Act takes effect January
22 1, 2012."