



Rep. Gregory Harris

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LRB100 05356 SMS 24527 a

1 AMENDMENT TO HOUSE BILL 311

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 311, AS AMENDED,  
3 with reference to page and line numbers of House Amendment No.  
4 1, on page 1, immediately below line 5, by inserting the  
5 following:

6 "Section 3. Applicability of Act. This Act applies to an  
7 individual or group policy of accident and health insurance  
8 with a network plan amended, delivered, issued, or renewed in  
9 this State on or after January 1, 2019."; and

10 on page 1, immediately below line 6, by inserting the  
11 following:

12 ""Authorized representative" means a person to whom a  
13 beneficiary has given express written consent to represent the  
14 beneficiary; a person authorized by law to provide substituted  
15 consent for a beneficiary; or the beneficiary's treating

1 provider only when the beneficiary or his or her family member  
2 is unable to provide consent."; and

3 on page 3, line 20, by replacing "256z.22 of the Insurance  
4 Code" with "356z.22 of the Illinois Insurance Code"; and

5 on page 5, by replacing lines 1 and 2 with the following:

6 " (b) Insurers must file for review a description of the  
7 services"; and

8 on page 5, line 25, by deleting "full-time equivalent"; and

9 on page 6, line 22, by replacing "apply to" with "apply to:  
10 (A)"; and

11 on page 6, line 25, by replacing "providers." with "providers,  
12 or (B) a beneficiary enrolled in a health maintenance  
13 organization."; and

14 on page 7, by replacing lines 17 and 18 with the following:

15 " (c) The network plan shall demonstrate to the Director a  
16 minimum ratio of"; and

17 on page 7, line 20, by deleting "full-time equivalent"; and

1 on page 7, line 25, by deleting "concerning exchange plans or  
2 Medicare Advantage Plans"; and

3 on page 9, lines 6 and 22, by deleting "annual" each time it  
4 appears; and

5 on page 9, lines 9 and 10, by deleting ", prior to approval,";  
6 and

7 on page 9, by replacing lines 14 and 15 with "and Medicaid  
8 Services. These standards shall consist of the maximum"; and

9 on page 9, line 26, by replacing "These" with "Except for  
10 network plans solely offered as a group health plan, these";  
11 and

12 by replacing line 15 on page 11 through line 1 on page 12 with  
13 the following:

14 "Section 15. Notice of renewal or termination.

15 (a) A network plan must give at least 60 days' notice of  
16 nonrenewal or termination of a provider to the provider and to  
17 the beneficiaries served by the provider. The notice shall  
18 include a name and address to which a beneficiary or provider  
19 may direct comments and concerns regarding the nonrenewal or

1 termination and the telephone number maintained by the  
2 Department for consumer complaints. Immediate written notice  
3 may be provided without 60 days' notice when a provider's  
4 license has been disciplined by a State licensing board or when  
5 the network plan reasonably believes direct imminent physical  
6 harm to patients under the providers care may occur.

7 (b) Primary care providers must notify active affected  
8 patients of nonrenewal or termination of the provider from the  
9 network plan, except in the case of incapacitation."; and

10 on page 14, by replacing line 9 with the following:

11 "(2) If a beneficiary, or a beneficiary's authorized  
12 representative, elects in writing to continue to receive  
13 care"; and

14 on page 16, line 8, by deleting "annually"; and

15 on page 16, line 9, after "Director", by inserting "upon  
16 request"; and

17 on page 20, immediately below line 23, by inserting the  
18 following:

19 "Section 30. Facility nonparticipating provider  
20 transparency. Prior to providing a non-emergency outpatient

1 procedure to a beneficiary in an in-network facility or during  
2 the admission or as soon as practicable thereafter, the  
3 hospital must provide an insured patient with written notice  
4 that:

5 (1) the patient may receive separate bills for services  
6 provided by health care professionals affiliated with the  
7 hospital;

8 (2) if applicable, some hospital staff members may not  
9 be participating providers in the same insurance plans and  
10 networks as the hospital;

11 (3) if applicable, the patient may have a greater  
12 financial responsibility for services provided by health  
13 care professionals at the hospital who are not under  
14 contract with the patient's health care plan; and

15 (4) questions about coverage or benefit levels should  
16 be directed to the patient's health care plan and the  
17 patient's certificate of coverage."; and

18 on page 20, line 24, by replacing "30" with "35"; and

19 on page 21, by replacing lines 12 through 16 with "pursuant to  
20 the enforcement powers granted to it by law."; and

21 on page 21, by replacing lines 19 and 20 with the following:

22 "Section 99. Effective date. This Act takes effect upon

1 becoming law.".