



Rep. Laura Fine

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1 AMENDMENT TO HOUSE BILL 1332

2 AMENDMENT NO. _____. Amend House Bill 1332 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 changing Section 370c as follows:

6 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

7 Sec. 370c. Mental and emotional disorders.

8 (a) (1) On and after the effective date of this amendatory
9 Act of the 97th General Assembly, every insurer which amends,
10 delivers, issues, or renews group accident and health policies
11 providing coverage for hospital or medical treatment or
12 services for illness on an expense-incurred basis shall offer
13 to the applicant or group policyholder subject to the insurer's
14 standards of insurability, coverage for reasonable and
15 necessary treatment and services for mental, emotional or
16 nervous disorders or conditions, other than serious mental

1 illnesses as defined in item (2) of subsection (b), consistent
2 with the parity requirements of Section 370c.1 of this Code.

3 (2) Each insured that is covered for mental, emotional,
4 nervous, or substance use disorders or conditions shall be free
5 to select the physician licensed to practice medicine in all
6 its branches, licensed clinical psychologist, licensed
7 clinical social worker, licensed clinical professional
8 counselor, licensed marriage and family therapist, licensed
9 speech-language pathologist, or other licensed or certified
10 professional at a program licensed pursuant to the Illinois
11 Alcoholism and Other Drug Abuse and Dependency Act of his
12 choice to treat such disorders, and the insurer shall pay the
13 covered charges of such physician licensed to practice medicine
14 in all its branches, licensed clinical psychologist, licensed
15 clinical social worker, licensed clinical professional
16 counselor, licensed marriage and family therapist, licensed
17 speech-language pathologist, or other licensed or certified
18 professional at a program licensed pursuant to the Illinois
19 Alcoholism and Other Drug Abuse and Dependency Act up to the
20 limits of coverage, provided (i) the disorder or condition
21 treated is covered by the policy, and (ii) the physician,
22 licensed psychologist, licensed clinical social worker,
23 licensed clinical professional counselor, licensed marriage
24 and family therapist, licensed speech-language pathologist, or
25 other licensed or certified professional at a program licensed
26 pursuant to the Illinois Alcoholism and Other Drug Abuse and

1 Dependency Act is authorized to provide said services under the
2 statutes of this State and in accordance with accepted
3 principles of his profession.

4 (3) Insofar as this Section applies solely to licensed
5 clinical social workers, licensed clinical professional
6 counselors, licensed marriage and family therapists, licensed
7 speech-language pathologists, and other licensed or certified
8 professionals at programs licensed pursuant to the Illinois
9 Alcoholism and Other Drug Abuse and Dependency Act, those
10 persons who may provide services to individuals shall do so
11 after the licensed clinical social worker, licensed clinical
12 professional counselor, licensed marriage and family
13 therapist, licensed speech-language pathologist, or other
14 licensed or certified professional at a program licensed
15 pursuant to the Illinois Alcoholism and Other Drug Abuse and
16 Dependency Act has informed the patient of the desirability of
17 the patient conferring with the patient's primary care
18 physician and the licensed clinical social worker, licensed
19 clinical professional counselor, licensed marriage and family
20 therapist, licensed speech-language pathologist, or other
21 licensed or certified professional at a program licensed
22 pursuant to the Illinois Alcoholism and Other Drug Abuse and
23 Dependency Act has provided written notification to the
24 patient's primary care physician, if any, that services are
25 being provided to the patient. That notification may, however,
26 be waived by the patient on a written form. Those forms shall

1 be retained by the licensed clinical social worker, licensed
2 clinical professional counselor, licensed marriage and family
3 therapist, licensed speech-language pathologist, or other
4 licensed or certified professional at a program licensed
5 pursuant to the Illinois Alcoholism and Other Drug Abuse and
6 Dependency Act for a period of not less than 5 years.

7 (b) (1) An insurer that provides coverage for hospital or
8 medical expenses under a group policy of accident and health
9 insurance or health care plan amended, delivered, issued, or
10 renewed on or after the effective date of this amendatory Act
11 of the 97th General Assembly shall provide coverage under the
12 policy for treatment of serious mental illness and substance
13 use disorders consistent with the parity requirements of
14 Section 370c.1 of this Code. This subsection does not apply to
15 any group policy of accident and health insurance or health
16 care plan for any plan year of a small employer as defined in
17 Section 5 of the Illinois Health Insurance Portability and
18 Accountability Act.

19 (1.5) On and after the effective date of this amendatory
20 Act of the 100th General Assembly, every insurer that amends,
21 delivers, issues, or renews a group or individual policy of
22 accident and health insurance, a managed care plan, or a
23 qualified health plan offered for sale through the health
24 insurance marketplace in this State providing coverage for
25 hospital or medical treatment shall provide coverage based upon
26 medical necessity for the treatment of eating disorders

1 consistent with the parity requirements of Section 370c.1 of
2 this Code.

3 For the purposes of this item (1.5), "eating disorder"
4 includes, but is not limited to, anorexia nervosa, bulimia
5 nervosa, pica, rumination disorder, avoidant/restrictive food
6 intake disorder, other specified feeding or eating disorder
7 (OSFED), and any other eating disorder contained in the most
8 recent version of the Diagnostic and Statistical Manual of
9 Mental Disorders published by the American Psychiatric
10 Association.

11 (2) "Serious mental illness" means the following
12 psychiatric illnesses as defined in the most current edition of
13 the Diagnostic and Statistical Manual (DSM) published by the
14 American Psychiatric Association:

15 (A) schizophrenia;

16 (B) paranoid and other psychotic disorders;

17 (C) bipolar disorders (hypomanic, manic, depressive,
18 and mixed);

19 (D) major depressive disorders (single episode or
20 recurrent);

21 (E) schizoaffective disorders (bipolar or depressive);

22 (F) pervasive developmental disorders;

23 (G) obsessive-compulsive disorders;

24 (H) depression in childhood and adolescence;

25 (I) panic disorder;

26 (J) post-traumatic stress disorders (acute, chronic,

1 or with delayed onset); and

2 (K) anorexia nervosa and bulimia nervosa.

3 (2.5) "Substance use disorder" means the following mental
4 disorders as defined in the most current edition of the
5 Diagnostic and Statistical Manual (DSM) published by the
6 American Psychiatric Association:

7 (A) substance abuse disorders;

8 (B) substance dependence disorders; and

9 (C) substance induced disorders.

10 (3) Unless otherwise prohibited by federal law and
11 consistent with the parity requirements of Section 370c.1 of
12 this Code, the reimbursing insurer, a provider of treatment of
13 serious mental illness or substance use disorder shall furnish
14 medical records or other necessary data that substantiate that
15 initial or continued treatment is at all times medically
16 necessary. An insurer shall provide a mechanism for the timely
17 review by a provider holding the same license and practicing in
18 the same specialty as the patient's provider, who is
19 unaffiliated with the insurer, jointly selected by the patient
20 (or the patient's next of kin or legal representative if the
21 patient is unable to act for himself or herself), the patient's
22 provider, and the insurer in the event of a dispute between the
23 insurer and patient's provider regarding the medical necessity
24 of a treatment proposed by a patient's provider. If the
25 reviewing provider determines the treatment to be medically
26 necessary, the insurer shall provide reimbursement for the

1 treatment. Future contractual or employment actions by the
2 insurer regarding the patient's provider may not be based on
3 the provider's participation in this procedure. Nothing
4 prevents the insured from agreeing in writing to continue
5 treatment at his or her expense. When making a determination of
6 the medical necessity for a treatment modality for serious
7 mental illness or substance use disorder, an insurer must make
8 the determination in a manner that is consistent with the
9 manner used to make that determination with respect to other
10 diseases or illnesses covered under the policy, including an
11 appeals process. Medical necessity determinations for
12 substance use disorders shall be made in accordance with
13 appropriate patient placement criteria established by the
14 American Society of Addiction Medicine. No additional criteria
15 may be used to make medical necessity determinations for
16 substance use disorders.

17 (4) A group health benefit plan amended, delivered, issued,
18 or renewed on or after the effective date of this amendatory
19 Act of the 97th General Assembly:

20 (A) shall provide coverage based upon medical
21 necessity for the treatment of mental illness and substance
22 use disorders consistent with the parity requirements of
23 Section 370c.1 of this Code; provided, however, that in
24 each calendar year coverage shall not be less than the
25 following:

26 (i) 45 days of inpatient treatment; and

1 (ii) beginning on June 26, 2006 (the effective date
2 of Public Act 94-921), 60 visits for outpatient
3 treatment including group and individual outpatient
4 treatment; and

5 (iii) for plans or policies delivered, issued for
6 delivery, renewed, or modified after January 1, 2007
7 (the effective date of Public Act 94-906), 20
8 additional outpatient visits for speech therapy for
9 treatment of pervasive developmental disorders that
10 will be in addition to speech therapy provided pursuant
11 to item (ii) of this subparagraph (A); and

12 (B) may not include a lifetime limit on the number of
13 days of inpatient treatment or the number of outpatient
14 visits covered under the plan.

15 (C) (Blank).

16 (5) An issuer of a group health benefit plan may not count
17 toward the number of outpatient visits required to be covered
18 under this Section an outpatient visit for the purpose of
19 medication management and shall cover the outpatient visits
20 under the same terms and conditions as it covers outpatient
21 visits for the treatment of physical illness.

22 (5.5) An individual or group health benefit plan amended,
23 delivered, issued, or renewed on or after the effective date of
24 this amendatory Act of the 99th General Assembly shall offer
25 coverage for medically necessary acute treatment services and
26 medically necessary clinical stabilization services. The

1 treating provider shall base all treatment recommendations and
2 the health benefit plan shall base all medical necessity
3 determinations for substance use disorders in accordance with
4 the most current edition of the American Society of Addiction
5 Medicine Patient Placement Criteria.

6 As used in this subsection:

7 "Acute treatment services" means 24-hour medically
8 supervised addiction treatment that provides evaluation and
9 withdrawal management and may include biopsychosocial
10 assessment, individual and group counseling, psychoeducational
11 groups, and discharge planning.

12 "Clinical stabilization services" means 24-hour treatment,
13 usually following acute treatment services for substance
14 abuse, which may include intensive education and counseling
15 regarding the nature of addiction and its consequences, relapse
16 prevention, outreach to families and significant others, and
17 aftercare planning for individuals beginning to engage in
18 recovery from addiction.

19 (6) An issuer of a group health benefit plan may provide or
20 offer coverage required under this Section through a managed
21 care plan.

22 (7) (Blank).

23 (8) (Blank).

24 (9) With respect to substance use disorders, coverage for
25 inpatient treatment shall include coverage for treatment in a
26 residential treatment center licensed by the Department of

1 Public Health or the Department of Human Services.

2 (c) This Section shall not be interpreted to require
3 coverage for speech therapy or other rehabilitative services for
4 those individuals covered under Section 356z.15 of this Code.

5 (d) The Department shall enforce the requirements of State
6 and federal parity law, which includes ensuring compliance by
7 individual and group policies; detecting violations of the law
8 by individual and group policies proactively monitoring
9 discriminatory practices; accepting, evaluating, and
10 responding to complaints regarding such violations; and
11 ensuring violations are appropriately remedied and deterred.

12 (e) Availability of plan information.

13 (1) The criteria for medical necessity determinations
14 made under a group health plan with respect to mental
15 health or substance use disorder benefits (or health
16 insurance coverage offered in connection with the plan with
17 respect to such benefits) must be made available by the
18 plan administrator (or the health insurance issuer
19 offering such coverage) to any current or potential
20 participant, beneficiary, or contracting provider upon
21 request.

22 (2) The reason for any denial under a group health plan
23 (or health insurance coverage offered in connection with
24 such plan) of reimbursement or payment for services with
25 respect to mental health or substance use disorder benefits
26 in the case of any participant or beneficiary must be made

1 available within a reasonable time and in a reasonable
2 manner by the plan administrator (or the health insurance
3 issuer offering such coverage) to the participant or
4 beneficiary upon request.

5 (f) As used in this Section, "group policy of accident and
6 health insurance" and "group health benefit plan" includes (1)
7 State-regulated employer-sponsored group health insurance
8 plans written in Illinois and (2) State employee health plans.
9 (Source: P.A. 99-480, eff. 9-9-15.)

10 Section 99. Effective date. This Act takes effect upon
11 becoming law."