



Sen. Terry Link

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10000HB3223sam001

LRB100 09204 SMS 38320 a

1 AMENDMENT TO HOUSE BILL 3223

2 AMENDMENT NO. _____. Amend House Bill 3223 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 changing Section 356z.8 as follows:

6 (215 ILCS 5/356z.8)

7 Sec. 356z.8. Multiple sclerosis preventative physical
8 therapy. A group or individual policy of accident and health
9 insurance or managed care plan amended, delivered, issued, or
10 renewed after the effective date of this amendatory Act of the
11 100th General Assembly ~~this amendatory Act of the 94th General~~
12 ~~Assembly~~ must provide coverage for medically necessary
13 preventative physical therapy for insureds diagnosed with
14 multiple sclerosis. For the purposes of this Section,
15 "preventative physical therapy" means physical therapy that is
16 prescribed by a physician licensed to practice medicine in all

1 of its branches for the purpose of treating parts of the body
2 affected by multiple sclerosis, but only where the physical
3 therapy includes reasonably defined goals, including, but not
4 limited to, sustaining the level of function the person has
5 achieved, with periodic evaluation of the efficacy of the
6 physical therapy against those goals. The coverage required
7 under this Section shall be subject to the same deductible ~~and~~
8 ~~coinsurance requirements or other limitations, waiting period,~~
9 ~~cost sharing limitation, treatment limitation, calendar year~~
10 ~~maximum, or other limitations~~ as provided for other physical or
11 rehabilitative therapy benefits covered by the policy.

12 A group or individual policy of accident and health
13 insurance or managed care plan amended, delivered, issued, or
14 renewed after the effective date of this amendatory Act of the
15 100th General Assembly shall offer an exception process from
16 treatment limitations for individuals diagnosed with primary
17 or secondary progressive multiple sclerosis. The exception
18 process must be posted on the insurer's website in an
19 easily-accessible location. An exception request must document
20 medical necessity for extended treatment that is reasonable and
21 appropriate to the individual's defined goals included in his
22 or her treatment plan. A health insurer shall, within 72 hours
23 after receiving the exception request, either approve or deny
24 the request.

25 The coverage required by this Section shall be subject to
26 other general exclusions and limitations of the policy,

1 including coordination of benefits, participating provider
2 requirements, restrictions on services provided by family or
3 household members, utilization review of health care services,
4 including review of medical necessity, case management,
5 experimental or investigational treatments, and other managed
6 care provisions.

7 (Source: P.A. 94-1076, eff. 12-29-06.)".