



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB5868

by Rep. La Shawn K. Ford

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.29 new
305 ILCS 5/5-36 new

Amends the Illinois Insurance Code. Permits a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after the effective date of the amendatory Act to provide coverage for residential extended care services and supports for persons suffering from alcoholism or other drug addiction so long as: (1) a health care clinic or any other specified entity has conducted an individualized assessment of the person's condition prior to discharge and has identified the person as being at risk of a drug or alcohol relapse and in need of supportive services to maintain long-term recovery; (2) the residential extended care services and supports are administered by a community-based agency that is licensed by or under contract with the Department of Human Services; and (3) the residential extended care services and supports are administered upon the referral of a health care clinic or any other specified entity. Sets forth the services available for coverage. Requires the Department of Insurance to rate each community-based agency that is licensed by or under contract with the Department of Human Services to provide residential extended care services and supports and to publish the results on its official website. Amends the Illinois Public Aid Code. Permits the fee-for-service and managed care medical assistance programs established under the Code to provide coverage for residential extended care services and supports for any person suffering from alcoholism or other drug addiction who is at risk of a drug or alcohol relapse following discharge from a health care clinic or any other specified entity. Sets forth the conditions that must be met to qualify for coverage and makes other changes.

LRB100 21705 KTG 39208 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Legislative findings and purpose. Medical
5 clinics, emergency rooms, and hospitals across the country are
6 overwhelmed by the opioid crisis and have been adversely
7 affected by costs and increasing rates of recidivism due to a
8 lack of comprehensive community-based continuum of care
9 services available for persons suffering from drug addiction.
10 According to the Centers for Disease Control and Prevention,
11 there has been a 600% increase in the incidence of opioid
12 addictions since 1999, yet only one in 10 people afflicted with
13 the disease of addiction have access to treatment. Most
14 patients are not only affected by the issues of addiction, but
15 are also facing co-existing social and economic challenges
16 associated with the disease of addiction including poverty, job
17 insecurity, and homelessness. The current health care system is
18 too expensive, fragmented, and disjointed to sufficiently
19 address the needs of persons afflicted with drug addiction.
20 Consequently, we are at a pivotal time in history when
21 insurance companies are having to become more innovative in
22 their approaches to contain costs and improve patient outcomes.
23 Hospitals are also contemplating new and innovative ways to
24 reduce their costs and rates of recidivism, improve patient

1 outcomes, and monitor patients with a greater level of care in
2 order to achieve the highest level of multiple performance
3 outcomes at a time when performance metrics matter more than
4 ever. The State of Illinois has the opportunity to lead the
5 nation by supporting and amplifying the most comprehensive and
6 vertically integrated approach to recovery that can
7 effectively address the root causes of drug addiction,
8 including alcoholism, while stabilizing other co-existing
9 social, economic, and housing conditions that can impair a
10 person's long-term recovery from addiction. In addition to
11 helping persons achieve physical recovery from a drug or
12 alcohol addiction, it is also important to help them find new
13 meaning in their personal lives by rebuilding and strengthening
14 their family relationships, community ties, and spiritual
15 development. Residential recovery services and supports can
16 facilitate this holistic approach to recovery and help persons
17 replace their need for addictive substances with more
18 meaningful elements of life. Therefore, it is the purpose of
19 this Act to provide Illinois citizens with greater access to a
20 more robust and holistic continuum of behavioral health care
21 services and supports by providing health care coverage for
22 residential recovery services and supports for persons
23 suffering from alcoholism or other drug addiction.

24 Section 5. The Illinois Insurance Code is amended by adding
25 Section 356z.29 as follows:

1 (215 ILCS 5/356z.29 new)

2 Sec. 356z.29. Residential extended care services and
3 supports for drug addicted persons.

4 (a) Definitions. As used in this Section:

5 "Addiction", "alcoholism", "case management", and
6 "relapse" have the meanings ascribed to those terms in Section
7 1-10 of the Alcoholism and Other Drug Abuse and Dependency Act.

8 "Hospital" means a facility licensed by the Department of
9 Public Health under the Hospital Licensing Act.

10 "Federally qualified health center" means a facility as
11 defined in Section 1905(1) (2) (B) of the federal Social Security
12 Act.

13 (b) A group or individual policy of accident and health
14 insurance or managed care plan amended, delivered, issued, or
15 renewed on or after the effective date of this amendatory Act
16 of the 100th General Assembly may provide coverage for
17 residential extended care services and supports for persons
18 suffering from alcoholism or other drug addiction who are at
19 risk of a drug or alcohol relapse following discharge from a
20 health care clinic, federally qualified health center,
21 hospital detoxification program or any other licensed
22 detoxification program, or hospital emergency department so
23 long as all of the following conditions are met:

24 (1) A health care clinic, federally qualified health
25 center, hospital detoxification program or any other

1 licensed detoxification program, or hospital emergency
2 department has conducted an individualized assessment of
3 the person's condition prior to discharge and has
4 identified the person as being at risk of a drug or alcohol
5 relapse and in need of aftercare treatment and supportive
6 services to maintain long-term recovery. A determination
7 of whether a person is in need of supportive services shall
8 be based on whether the person has a history of
9 unemployment, homelessness, or housing instability.

10 (2) The residential extended care services and
11 supports are administered by a community-based agency that
12 is licensed by or under contract with the Department of
13 Human Services' Division of Alcoholism and Substance
14 Abuse, which may include a halfway house, recovery home, or
15 sanctuary.

16 (3) The residential extended care services and
17 supports are administered by a community-based agency as
18 described in paragraph (2) upon the referral of a health
19 care clinic, federally qualified health center, hospital
20 detoxification program or any other licensed
21 detoxification program, or hospital emergency department.

22 (c) Any coverage provided in accordance with this Section
23 shall include, but not be limited to, the following:

24 (1) Drug or alcohol treatment services that are in
25 accordance with industry standards.

26 (2) Transitional housing services, including food or

1 meal plans.

2 (3) Individualized case management and referral
3 services, including case management and social services
4 for the families of persons who are seeking treatment for
5 alcoholism or other drug addiction.

6 (4) Job training or placement services.

7 (d) The Department of Insurance, in collaboration with the
8 Department of Human Services, the Department of Public Health,
9 and the Department of Healthcare and Family Services, shall
10 rate each community-based agency that is licensed by or under
11 contract with the Department of Human Services to provide
12 residential extended care services and supports based on an
13 assessment and evaluation of each agency's ability to:

14 (1) reduce health care costs;

15 (2) reduce recidivism rates for persons suffering from
16 alcoholism or other drug addiction;

17 (3) improve outcomes;

18 (4) track patients; and

19 (5) improve patients' quality of life through the
20 utilization of sustainable recovery, education,
21 employment, and housing services.

22 The Department of Insurance, the Department of Human
23 Services, the Department of Public Health, and the Department
24 of Healthcare and Family Services shall publish the results of
25 the assessments and ratings on their official websites and
26 shall, on an annual basis, update the posted results.

1 (e) The Department of Insurance may adopt any rules
2 necessary to implement the provisions of this Section in
3 accordance with the Illinois Administrative Procedure Act and
4 all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 Section 15. The Illinois Public Aid Code is amended by
8 adding Section 5-36 as follows:

9 (305 ILCS 5/5-36 new)

10 Sec. 5-36. Residential extended care services and supports
11 for drug addicted persons.

12 (a) Definitions. As used in this Section:

13 "Addiction", "alcoholism", "case management", and
14 "relapse" have the meanings ascribed to those terms in Section
15 1-10 of the Alcoholism and Other Drug Abuse and Dependency Act.

16 "Hospital" means a facility licensed by the Department of
17 Public Health under the Hospital Licensing Act.

18 "Federally qualified health center" means a facility as
19 defined in Section 1905(1) (2) (B) of the federal Social Security
20 Act.

21 (b) On and after the effective date of this amendatory Act
22 of the 100th General Assembly, the fee-for-service and managed
23 care medical assistance programs established under this
24 Article may provide coverage for residential extended care

1 services and supports for any person suffering from alcoholism
2 or other drug addiction who is at risk of a drug or alcohol
3 relapse following discharge from a health care clinic,
4 federally qualified health center, hospital detoxification
5 program or any other licensed detoxification program, or
6 hospital emergency department so long as all of the following
7 conditions are met:

8 (1) The person is otherwise eligible for medical
9 assistance under this Article.

10 (2) A health care clinic, federally qualified health
11 center, hospital detoxification program or any other
12 licensed detoxification program, or hospital emergency
13 department has conducted an individualized assessment of
14 the person's condition prior to discharge and has
15 identified the person as being at risk of a drug or alcohol
16 relapse and in need of aftercare treatment and supportive
17 services to maintain long-term recovery. A determination
18 of whether a person is in need of supportive services shall
19 be based on whether the person has a history of
20 unemployment, homelessness, or housing instability.

21 (3) The residential extended care services and
22 supports are administered by a community-based agency that
23 is licensed by or under contract with the Department of
24 Human Services' Division of Alcoholism and Substance
25 Abuse, which may include a halfway house, recovery home, or
26 sanctuary.

1 (4) The residential extended care services and
2 supports are administered by a community-based agency as
3 described in paragraph (3) upon the referral of a health
4 care clinic, federally qualified health center, hospital
5 detoxification program or any other licensed
6 detoxification program, or hospital emergency department.

7 (c) Any coverage provided in accordance with this Section
8 shall include, but not be limited to, the following:

9 (1) Drug or alcohol treatment services that are in
10 accordance with industry standards.

11 (2) Transitional housing services, including food or
12 meal plans.

13 (3) Individualized case management and referral
14 services, including case management and social services
15 for the families of persons who are seeking treatment for
16 alcoholism or other drug addiction.

17 (4) Job training or placement services.

18 (d) The Department of Healthcare and Family Services, in
19 collaboration with the Department of Human Services, the
20 Department of Public Health, and the Department of Insurance,
21 shall rate each community-based agency that is licensed by or
22 under contract with the Department of Human Services to provide
23 residential extended care services and supports based on an
24 assessment and evaluation of each agency's ability to:

25 (1) reduce health care costs;

26 (2) reduce recidivism rates for persons suffering from

1 alcoholism or other drug addiction;
2 (3) improve outcomes;
3 (4) track patients; and
4 (5) improve patients' quality of life through the
5 utilization of sustainable recovery, education,
6 employment, and housing services.

7 The Department of Healthcare and Family Services, the
8 Department of Human Services, the Department of Public Health,
9 and the Department of Insurance shall publish the results of
10 the assessments and ratings on their official websites and
11 shall, on an annual basis, update the posted results.

12 (e) The Department may adopt any rules necessary to
13 implement the provisions of this Section in accordance with the
14 Illinois Administrative Procedure Act and all rules and
15 procedures of the Joint Committee on Administrative Rules; any
16 purported rule not so adopted, for whatever reason, is
17 unauthorized.