

1 AN ACT concerning regulation.

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

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
17 of its branches for the purpose of treating parts of the body
18 affected by multiple sclerosis, but only where the physical
19 therapy includes reasonably defined goals, including, but not
20 limited to, sustaining the level of function the person has
21 achieved, with periodic evaluation of the efficacy of the
22 physical therapy against those goals. The coverage required
23 under this Section shall be subject to the same deductible and~~7~~

1 coinsurance requirements or other limitations, ~~waiting period,~~
2 ~~cost sharing limitation, treatment limitation, calendar year~~
3 ~~maximum, or other limitations~~ as provided for other physical or
4 rehabilitative therapy benefits covered by the policy.

5 A group or individual policy of accident and health
6 insurance or managed care plan amended, delivered, issued, or
7 renewed after the effective date of this amendatory Act of the
8 100th General Assembly shall offer an exception process from
9 treatment limitations for individuals diagnosed with primary
10 or secondary progressive multiple sclerosis. The exception
11 process must be posted on the insurer's website in an
12 easily-accessible location. An exception request must document
13 medical necessity for extended treatment that is reasonable and
14 appropriate to the individual's defined goals included in his
15 or her treatment plan. A health insurer shall, within 72 hours
16 after receiving the exception request, either approve or deny
17 the request.

18 The coverage required by this Section shall be subject to
19 other general exclusions and limitations of the policy,
20 including coordination of benefits, participating provider
21 requirements, restrictions on services provided by family or
22 household members, utilization review of health care services,
23 including review of medical necessity, case management,
24 experimental or investigational treatments, and other managed
25 care provisions.

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