



Rep. Kathleen Willis

Filed: 3/3/2020

10100HB4479ham001

LRB101 15491 BMS 70860 a

1 AMENDMENT TO HOUSE BILL 4479

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4479 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 356c and by adding Section 356z.43 as follows:

6 (215 ILCS 5/356c) (from Ch. 73, par. 968c)

7 Sec. 356c. (1) No policy of accident and health insurance  
8 providing coverage of hospital expenses or medical expenses or  
9 both on an expense incurred basis which in addition to covering  
10 the insured, also covers members of the insured's immediate  
11 family, shall contain any disclaimer, waiver or other  
12 limitation of coverage relative to the hospital or medical  
13 coverage or insurability of newborn infants from and after the  
14 moment of birth.

15 (2) Each such policy of accident and health insurance shall  
16 contain a provision stating that the accident and health

1 insurance benefits applicable for children shall be granted  
2 immediately with respect to a newly born child from the moment  
3 of birth. The coverage for newly born children shall include  
4 coverage of illness, injury, congenital defects (including the  
5 treatment of cranial facial anomalies, including, but not  
6 limited to, cleft lip or cleft palate), birth abnormalities and  
7 premature birth.

8 (3) If payment of a specific premium is required to provide  
9 coverage for a child, the policy may require that notification  
10 of birth of a newly born child must be furnished to the insurer  
11 within 31 days after the date of birth in order to have the  
12 coverage continue beyond such 31 day period and may require  
13 payment of the appropriate premium.

14 (4) In the event that no other members of the insured's  
15 immediate family are covered, immediate coverage for the first  
16 newborn infant shall be provided if the insured applies for  
17 dependent's coverage within 31 days of the newborn's birth.  
18 Such coverage shall be contingent upon payment of the  
19 additional premium.

20 (5) The requirements of this Section shall apply, on or  
21 after the sixtieth day following the effective date of this  
22 Section, (a) to all such non-group policies delivered or issued  
23 for delivery, and (b) to all such group policies delivered,  
24 issued for delivery, renewed or amended. The insurers of such  
25 non-group policies in effect on the sixtieth day following the  
26 effective date of this Section shall extend to owners of said

1 policies, on or before the first policy anniversary following  
2 such date, the opportunity to apply for the addition to their  
3 policies of a provision as set forth in paragraph (2) above,  
4 with, at the option of the insurer, payment of a premium  
5 appropriate thereto.

6 (Source: P.A. 85-220.)

7 (215 ILCS 5/356z.43 new)

8 Sec. 356z.43. Coverage for congenital anomaly or birth  
9 defect.

10 (a) An individual or group policy of accident and health  
11 insurance amended, delivered, issued, or renewed after the  
12 effective date of this amendatory Act of the 101st General  
13 Assembly shall cover charges incurred and services provided for  
14 outpatient and inpatient care in conjunction with services that  
15 are provided to a covered individual related to the diagnosis  
16 and treatment of a congenital anomaly or birth defect,  
17 including, but not limited to, cleft lip and cleft palate.

18 (b) Coverage required under this Section includes any  
19 services to functionally improve, repair, or restore a body  
20 part involving the cranial facial area, including cleft lip and  
21 cleft palate, that is medically necessary to achieve normal  
22 function or appearance. Any coverage provided may be subject to  
23 coverage limits, such as pre-authorization or  
24 pre-certification, as required by the plan or issuer that are  
25 no more restrictive than the predominant treatment limitations

1 applied to substantially all medical and surgical benefits  
2 covered by the plan.

3 (c) As used in this Section, "treatment" includes inpatient  
4 and outpatient care and services performed to improve or  
5 restore body function, or performed to approximate a normal  
6 appearance, due to a congenital anomaly, such as cleft lip or  
7 cleft palate, involving the cranial facial area and includes  
8 treatment of gross abnormalities of the lip and palate and any  
9 condition or illness that is related to or developed as a  
10 result of cleft lip or cleft palate. "Treatment" does not  
11 include cosmetic surgery performed to reshape normal facial  
12 structure or to improve appearance or self-esteem.

13 (d) Coverage shall include, but not be limited to, expenses  
14 for the following services up to the age of 19:

15 (1) oral surgery of the lip, palate, jaw, and related  
16 structures, including bone grafts;

17 (2) facial surgery of the lip, palate, jaw, nose, and  
18 related structures, including bone grafts;

19 (3) prosthetic treatment and appliances and  
20 prosthodontia, including obturators, speech appliances,  
21 and feeding appliances;

22 (4) orthodontic treatment and appliances and  
23 orthodontia;

24 (5) preventative and restorative dentistry;

25 (6) otolaryngology treatment and management; and

26 (7) anesthetics provided by a dentist with a permit

1       provided under Section 8.1 of the Illinois Dental Practice  
2       Act when performed in conjunction with the treatment  
3       described in this Section.

4       Coverage shall not be denied solely on the grounds that the  
5       treatment is for cosmetic purposes or is not for a functional  
6       defect or impairment as provided in this Section.

7       (e) This Section does not apply to a policy that covers  
8       only dental care.

9       Section 99. Effective date. This Act takes effect January  
10      1, 2021."