



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

**HB4479**

Introduced 2/4/2020, by Rep. Kathleen Willis

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356c

from Ch. 73, par. 968c

215 ILCS 5/356z.41 new

Amends the Illinois Insurance Code. In provisions requiring coverage for newborn infants, provides that coverage for congenital defects shall include treatment of cranial facial anomalies. Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act shall cover charges incurred and services provided for outpatient and inpatient care in conjunction with services that are provided to a covered individual related to the diagnosis and treatment of a congenital anomaly or birth defect. Provides that the required coverage includes any service to functionally improve, repair, or restore any body part involving the cranial facial area that is medically necessary to achieve normal function or appearance. Provides that any coverage provided may be subject to coverage limits, such as pre-authorization or pre-certification, as required by the plan or issuer that are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan. Provides that the coverage does not apply to a policy that covers only dental care. Defines "treatment". Effective January 1, 2021.

LRB101 15491 BMS 64834 b

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 356c and by adding Section 356z.41 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  
17 insurance benefits applicable for children shall be granted  
18 immediately with respect to a newly born child from the moment  
19 of birth. The coverage for newly born children shall include  
20 coverage of illness, injury, congenital defects (including the  
21 treatment of cranial facial anomalies), birth abnormalities  
22 and premature birth.

23 (3) If payment of a specific premium is required to provide

1 coverage for a child, the policy may require that notification  
2 of birth of a newly born child must be furnished to the insurer  
3 within 31 days after the date of birth in order to have the  
4 coverage continue beyond such 31 day period and may require  
5 payment of the appropriate premium.

6 (4) In the event that no other members of the insured's  
7 immediate family are covered, immediate coverage for the first  
8 newborn infant shall be provided if the insured applies for  
9 dependent's coverage within 31 days of the newborn's birth.  
10 Such coverage shall be contingent upon payment of the  
11 additional premium.

12 (5) The requirements of this Section shall apply, on or  
13 after the sixtieth day following the effective date of this  
14 Section, (a) to all such non-group policies delivered or issued  
15 for delivery, and (b) to all such group policies delivered,  
16 issued for delivery, renewed or amended. The insurers of such  
17 non-group policies in effect on the sixtieth day following the  
18 effective date of this Section shall extend to owners of said  
19 policies, on or before the first policy anniversary following  
20 such date, the opportunity to apply for the addition to their  
21 policies of a provision as set forth in paragraph (2) above,  
22 with, at the option of the insurer, payment of a premium  
23 appropriate thereto.

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

1       Sec. 356z.41. Coverage for congenital anomaly or birth  
2 defect.

3       (a) An individual or group policy of accident and health  
4 insurance amended, delivered, issued, or renewed after the  
5 effective date of this amendatory Act of the 101st General  
6 Assembly shall cover charges incurred and services provided for  
7 outpatient and inpatient care in conjunction with services that  
8 are provided to a covered individual related to the diagnosis  
9 and treatment of a congenital anomaly or birth defect.

10       (b) Coverage required under this Section includes any  
11 services to functionally improve, repair, or restore a body  
12 part involving the cranial facial area that is medically  
13 necessary to achieve normal function or appearance. Any  
14 coverage provided may be subject to coverage limits, such as  
15 pre-authorization or pre-certification, as required by the  
16 plan or issuer that are no more restrictive than the  
17 predominant treatment limitations applied to substantially all  
18 medical and surgical benefits covered by the plan.

19       (c) As used in this Section, "treatment" includes inpatient  
20 and outpatient care and services performed to improve or  
21 restore body function, or performed to approximate a normal  
22 appearance, due to congenital anomaly or birth defect involving  
23 the cranial facial area and includes treatment to any and all  
24 missing or abnormal body parts, including teeth, oral cavity,  
25 and their associated structures, that would otherwise be  
26 provided under the plan or coverage for any other injury and

1 sickness, up to the age of 26, including:

2 (1) inpatient and outpatient care;

3 (2) reconstructive services and procedures and  
4 complications thereof, including prosthetics and  
5 appliances;

6 (3) adjunctive dental, orthodontic, or prosthodontic  
7 support, including ongoing or subsequent treatment  
8 required to maintain function or approximate a normal  
9 appearance;

10 (4) procedures for secondary conditions and follow-up  
11 treatment; and

12 (5) anesthetics provided by a dentist with a permit  
13 provided under Section 8.1 of the Illinois Dental Practice  
14 Act when performed in conjunction with the treatment  
15 described in this subsection (c).

16 "Treatment" does not include cosmetic surgery performed to  
17 reshape normal facial structure or to improve appearance or  
18 self-esteem.

19 (d) This Section does not apply to a policy that covers  
20 only dental care.

21 Section 99. Effective date. This Act takes effect January  
22 1, 2021.