



Rep. Kathleen Willis

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1 AMENDMENT TO SENATE BILL 659

2 AMENDMENT NO. _____. Amend Senate Bill 659 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.33 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), birth abnormalities
6 and premature birth.

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

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

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

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

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

6 (215 ILCS 5/356z.33 new)

7 Sec. 356z.33. Coverage for congenital anomaly or birth
8 defect.

9 (a) All or an individual or group policy of accident and
10 health insurance amended, delivered, issued, or renewed after
11 the effective date of this amendatory Act of the 101st General
12 Assembly shall cover charges incurred and services provided for
13 outpatient and inpatient care in conjunction with services that
14 are provided to a covered individual related to the diagnosis
15 and treatment of a congenital anomaly or birth defect.

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

25 (c) As used in this Section, "treatment" includes inpatient

1 and outpatient care and services performed to improve or
2 restore body function, or performed to approximate a normal
3 appearance, due to congenital anomaly or birth defect involving
4 the cranial facial area and includes treatment to any and all
5 missing or abnormal body parts, including teeth, oral cavity,
6 and their associated structures, that would otherwise be
7 provided under the plan or coverage for any other injury and
8 sickness, up to the age of 26, including:

9 (1) inpatient and outpatient care, reconstructive
10 services and procedures, and complications thereof,
11 including prosthetics and appliances;

12 (2) adjunctive dental, orthodontic, or prosthodontic
13 support, including ongoing or subsequent treatment
14 required to maintain function or approximate a normal
15 appearance;

16 (3) procedures for secondary conditions and follow-up
17 treatment; and

18 (4) anesthetics provided by a dentist with a permit
19 provided under Section 8.1 of the Illinois Dental Practice
20 Act when performed in conjunction with the treatment
21 described in this subsection (c).

22 "Treatment" does not include cosmetic surgery performed to
23 reshape normal facial structure or to improve appearance or
24 self-esteem.

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

1 Section 99. Effective date. This Act takes effect January
2 1, 2020.".