



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB0213

Introduced 1/22/2021, by Rep. Deb Conroy

SYNOPSIS AS INTRODUCED:

215 ILCS 5/370c.3 new

Amends the Illinois Insurance Code. Creates the Eating Disorder Treatment Parity Task Force within the Department of Insurance to review reimbursement to eating disorder treatment providers in Illinois as well as out-of-state providers of similar services. Provides for the membership of the Task Force. Provides that the Task Force shall elect a chairperson from its membership and shall have the authority to determine its meeting schedule, hearing schedule, and agendas. Provides that appointments shall be made within 60 days after the effective date of the amendatory Act. Provides that the Task Force shall review insurance plans and rates and provide recommendations for rules, and the findings, recommendations, and other information determined by the Task Force to be relevant shall be made available on the Department's website. Provides that the Task Force shall submit findings and recommendations to the Director of Insurance, the Governor, and the General Assembly by December 31, 2021. Provides for repeal of the provisions on January 1, 2023. Effective immediately.

LRB102 05174 BMS 15195 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 adding Section 370c.3 as follows:

6 (215 ILCS 5/370c.3 new)

7 Sec. 370c.3. Eating Disorder Treatment Parity Task Force.

8 (a) The General Assembly finds that there is a mental
9 health crisis in Illinois regarding access to care for people
10 experiencing eating disorders. At least 1,600,000 people
11 suffer from an eating disorder in Illinois, and eating
12 disorders have the highest mortality rate of any mental
13 illness. The Academy for Eating Disorders estimates that
14 10,200 deaths occurred in the U.S. between 2018 and 2019 and
15 that the disease is more than 2 times more likely to occur in
16 females than males. This crisis has a much more significant
17 affect on young people between the ages of 15 and 24 with
18 anorexia nervosa, who have 10 times the risk of dying compared
19 to their same-aged peers. The General Assembly also finds that
20 the current COVID-19 pandemic has dramatically increased the
21 demand for residential treatment of eating disorders to
22 support those experiencing additional anxiety and depression
23 and cannot cope at home.

1 The General Assembly further finds that access to eating
2 disorder treatment in Illinois may be restricted due to
3 insurance companies providing low reimbursement rates to
4 Illinois-based providers as compared to those in other states.
5 The lower reimbursement rates may be contributing to the low
6 number of providers available to treat persons suffering from
7 these disorders in Illinois.

8 (b) As used in this Section, "eating disorder" includes
9 anorexia nervosa, bulimia nervosa, binge eating disorder,
10 other specified feeding or eating disorder, atypical anorexia
11 nervosa, and avoidant/restrictive food intake disorder as set
12 forth in the Diagnostic and Statistical Manual of Mental
13 Disorders, Fifth Edition (DSM-5).

14 (c) The Eating Disorder Treatment Parity Task Force is
15 created within the Department to review reimbursement to
16 eating disorder treatment providers in Illinois as well as
17 out-of-state providers of similar services. The Task Force
18 shall work cooperatively with the insurance industry,
19 community organizations, businesses, business coalitions, and
20 advocacy groups to identify the high costs of medical
21 complications, disability, and loss of life associated with
22 eating disorders and to determine whether disparities in
23 insurance reimbursement is limiting access to a full range of
24 evidence-based treatment providers in the State of Illinois.

25 (d) The Task Force shall be comprised of the following
26 members:

1 (1) two experts in the eating disorder treatment field
2 appointed by the Governor;

3 (2) two consumers of mental health insurance appointed
4 by the Governor who have experienced or are experiencing
5 an eating disorder directly or as family members of eating
6 disorder patients;

7 (3) two members of the General Assembly appointed by
8 the Speaker of the House of Representatives;

9 (4) two members of the General Assembly appointed by
10 the President of the Senate;

11 (5) two members of the General Assembly appointed by
12 the Minority Leader of the House of Representatives; and

13 (6) two members of the General Assembly appointed by
14 the Minority Leader of the Senate.

15 Members shall be adults and residents of Illinois.

16 (e) The Task Force shall elect a chairperson from its
17 membership and shall have the authority to determine its
18 meeting schedule, hearing schedule, and agendas.

19 (f) Appointments shall be made within 60 days after the
20 effective date of this amendatory Act of the 102nd General
21 Assembly.

22 (g) Members shall serve without compensation.

23 (h) The Task Force shall:

24 (1) review existing plans and policies for individual
25 and group health insurance issued, delivered, and offered
26 in Illinois that cover treatment of eating disorders;

1 (2) review and compare commercial insurance rates paid
2 for health insurance plan members receiving eating
3 disorder treatment in network with Illinois-based
4 providers to rates paid to out-of-state, out-of-network
5 providers for the same level of care;

6 (3) provide recommendations for rules to provide a
7 process for the Department to receive and investigate
8 complaints from consumers and treatment providers who have
9 been wrongfully denied coverage or fair compensation by
10 health care insurers;

11 (4) provide recommendations for rules designed to
12 increase access for needed treatments for eating
13 disorders; these recommendations may include providing
14 incentives to providers of such treatments as well as rate
15 methodologies for third-party insurers; and

16 (5) provide recommendations for rules to ensure
17 compliance with such rules adopted pursuant to this
18 Section, which may include fines, license sanctions, or
19 other enforcement remedies that may be appropriate as
20 determined by the Task Force.

21 (i) The findings, recommendations, and other information
22 determined by the Task Force to be relevant shall be made
23 available on the Department's website.

24 (j) The Task Force shall submit findings and
25 recommendations to the Director, the Governor, and the General
26 Assembly by December 31, 2021.

1 (k) This Section is repealed on January 1, 2023.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.