



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB2649

Introduced 2/19/2021, by Rep. Lance Yednock

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11
215 ILCS 5/356q
305 ILCS 5/5-16.8

Amends the Illinois Insurance Code. In provisions concerning coverage for the reasonable and necessary medical treatment of temporomandibular joint disorder and craniomandibular disorder, provides that on or after the effective date of the amendatory Act, every insurer that delivers or issues for delivery in the State a group accident and health policy providing coverage for hospital, medical, or surgical treatment on an expense-incurred basis shall offer coverage (rather than offer optional coverage for an additional premium) for the reasonable and necessary medical treatment of temporomandibular joint disorder and craniomandibular disorder. Removes provisions that provide that the group policyholder shall accept or reject optional coverage in writing on the application or an amendment to the master group policy and that an insurer may offer coverage for temporomandibular joint disorder and craniomandibular disorder as part of a policy's basic coverage instead of optional coverage. Makes conforming changes in the State Employees Group Insurance Act of 1971 and the Illinois Public Aid Code.

LRB102 13887 BMS 19238 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 State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall
9 provide the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t of the Illinois Insurance Code. The program of
12 health benefits shall provide the coverage required under
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
17 356z.36, and 356z.41 of the Illinois Insurance Code. The
18 program of health benefits must comply with Sections 155.22a,
19 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
20 the Illinois Insurance Code. The Department of Insurance shall
21 enforce the requirements of this Section with respect to
22 Sections 370c and 370c.1 of the Illinois Insurance Code; all
23 other requirements of this Section shall be enforced by the

1 Department of Central Management Services.

2 Rulemaking authority to implement Public Act 95-1045, if
3 any, is conditioned on the rules being adopted in accordance
4 with all provisions of the Illinois Administrative Procedure
5 Act and all rules and procedures of the Joint Committee on
6 Administrative Rules; any purported rule not so adopted, for
7 whatever reason, is unauthorized.

8 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
9 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
10 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
11 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
12 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
13 1-1-21.)

14 Section 10. The Illinois Insurance Code is amended by
15 changing Section 356q as follows:

16 (215 ILCS 5/356q)

17 Sec. 356q. Temporomandibular joint disorder and
18 craniomandibular disorder. On or after the effective date of
19 this amendatory Act of the 102nd General Assembly ~~On or after~~
20 ~~the effective date of this Section,~~ every insurer which
21 delivers or issues for delivery in this State a group accident
22 and health policy providing coverage for hospital, medical, or
23 surgical treatment on an expense-incurred basis shall offer,
24 ~~for an additional premium and subject to the insurer's~~

1 ~~standard of insurability, optional~~ coverage for the reasonable
2 and necessary medical treatment of temporomandibular joint
3 disorder and craniomandibular disorder. ~~The group policyholder~~
4 ~~shall accept or reject the coverage in writing on the~~
5 ~~application or an amendment thereto for the master group~~
6 ~~policy. Benefits may be subject to the same pre existing~~
7 ~~conditions, limitations, deductibles, co payments and~~
8 ~~co insurance that generally apply to any other sickness. The~~
9 ~~maximum lifetime benefits for temporomandibular joint disorder~~
10 ~~and craniomandibular treatment shall be no less than \$2,500.~~
11 ~~Nothing herein shall prevent an insurer from including such~~
12 ~~coverage for temporomandibular joint disorder and~~
13 ~~craniomandibular disorder as part of a policy's basic~~
14 ~~coverage, in lieu of offering optional coverage.~~

15 (Source: P.A. 88-592, eff. 1-1-95.)

16 Section 15. The Illinois Public Aid Code is amended by
17 changing Section 5-16.8 as follows:

18 (305 ILCS 5/5-16.8)

19 Sec. 5-16.8. Required health benefits. The medical
20 assistance program shall (i) provide the post-mastectomy care
21 benefits required to be covered by a policy of accident and
22 health insurance under Section 356t and the coverage required
23 under Sections 356g.5, 356g, 356u, 356w, 356x, 356z.6,
24 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, and 356z.35 of

1 the Illinois Insurance Code and (ii) be subject to the
2 provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of
3 the Illinois Insurance Code.

4 The Department, by rule, shall adopt a model similar to
5 the requirements of Section 356z.39 of the Illinois Insurance
6 Code.

7 On and after July 1, 2012, the Department shall reduce any
8 rate of reimbursement for services or other payments or alter
9 any methodologies authorized by this Code to reduce any rate
10 of reimbursement for services or other payments in accordance
11 with Section 5-5e.

12 To ensure full access to the benefits set forth in this
13 Section, on and after January 1, 2016, the Department shall
14 ensure that provider and hospital reimbursement for
15 post-mastectomy care benefits required under this Section are
16 no lower than the Medicare reimbursement rate.

17 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
18 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
19 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
20 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)