



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

**HB2498**

Introduced 2/15/2023, by

#### 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, 2023. Provides for repeal of the provisions on January 1, 2025. Effective immediately.

LRB103 26798 BMS 53161 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 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) 2 experts in the eating disorder treatment field  
2           appointed by the Governor;

3           (2) 2 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) 2 members of the General Assembly appointed by the  
8           Speaker of the House of Representatives;

9           (4) 2 members of the General Assembly appointed by the  
10           President of the Senate;

11           (5) 2 members of the General Assembly appointed by the  
12           Minority Leader of the House of Representatives; and

13           (6) 2 members of the General Assembly appointed by the  
14           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 103rd 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, 2023.

1       (k) This Section is repealed on January 1, 2025.

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