

1 AN ACT concerning insurance.

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 370c as follows:

6 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

7 Sec. 370c. Mental and emotional disorders.

8 (a) (1) On and after the effective date of this Section,  
9 every insurer which delivers, issues for delivery or renews or  
10 modifies group A&H policies providing coverage for hospital or  
11 medical treatment or services for illness on an  
12 expense-incurred basis shall offer to the applicant or group  
13 policyholder subject to the insurers standards of  
14 insurability, coverage for reasonable and necessary treatment  
15 and services for mental, emotional or nervous disorders or  
16 conditions, other than serious mental illnesses as defined in  
17 item (2) of subsection (b), up to the limits provided in the  
18 policy for other disorders or conditions, except (i) the  
19 insured may be required to pay up to 50% of expenses incurred  
20 as a result of the treatment or services, and (ii) the annual  
21 benefit limit may be limited to the lesser of \$10,000 or 25% of  
22 the lifetime policy limit.

23 (2) Each insured that is covered for mental, emotional or  
24 nervous disorders or conditions shall be free to select the  
25 physician licensed to practice medicine in all its branches,  
26 licensed clinical psychologist, licensed clinical social  
27 worker, or licensed clinical professional counselor of his  
28 choice to treat such disorders, and the insurer shall pay the  
29 covered charges of such physician licensed to practice medicine  
30 in all its branches, licensed clinical psychologist, licensed  
31 clinical social worker, or licensed clinical professional  
32 counselor up to the limits of coverage, provided (i) the

1 disorder or condition treated is covered by the policy, and  
2 (ii) the physician, licensed psychologist, licensed clinical  
3 social worker, or licensed clinical professional counselor is  
4 authorized to provide said services under the statutes of this  
5 State and in accordance with accepted principles of his  
6 profession.

7 (3) Insofar as this Section applies solely to licensed  
8 clinical social workers and licensed clinical professional  
9 counselors, those persons who may provide services to  
10 individuals shall do so after the licensed clinical social  
11 worker or licensed clinical professional counselor has  
12 informed the patient of the desirability of the patient  
13 conferring with the patient's primary care physician and the  
14 licensed clinical social worker or licensed clinical  
15 professional counselor has provided written notification to  
16 the patient's primary care physician, if any, that services are  
17 being provided to the patient. That notification may, however,  
18 be waived by the patient on a written form. Those forms shall  
19 be retained by the licensed clinical social worker or licensed  
20 clinical professional counselor for a period of not less than 5  
21 years.

22 (b) (1) An insurer that provides coverage for hospital or  
23 medical expenses under a group policy of accident and health  
24 insurance or health care plan amended, delivered, issued, or  
25 renewed after the effective date of this amendatory Act of the  
26 92nd General Assembly shall provide coverage under the policy  
27 for treatment of serious mental illness under the same terms  
28 and conditions as coverage for hospital or medical expenses  
29 related to other illnesses and diseases. The coverage required  
30 under this Section must provide for same durational limits,  
31 amount limits, deductibles, and co-insurance requirements for  
32 serious mental illness as are provided for other illnesses and  
33 diseases. This subsection does not apply to coverage provided  
34 to employees by employers who have 50 or fewer employees.

35 (2) "Serious mental illness" means the following  
36 psychiatric illnesses as defined in the most current edition of

1 the Diagnostic and Statistical Manual (DSM) published by the  
2 American Psychiatric Association:

3 (A) schizophrenia;

4 (B) paranoid and other psychotic disorders;

5 (C) bipolar disorders (hypomanic, manic, depressive,  
6 and mixed);

7 (D) major depressive disorders (single episode or  
8 recurrent);

9 (E) schizoaffective disorders (bipolar or depressive);

10 (F) pervasive developmental disorders;

11 (G) obsessive-compulsive disorders;

12 (H) depression in childhood and adolescence;

13 (I) panic disorder; and

14 (J) post-traumatic stress disorders (acute, chronic,  
15 or with delayed onset).

16 (3) Upon request of the reimbursing insurer, a provider of  
17 treatment of serious mental illness shall furnish medical  
18 records or other necessary data that substantiate that initial  
19 or continued treatment is at all times medically necessary. An  
20 insurer shall provide a mechanism for the timely review by a  
21 provider holding the same license and practicing in the same  
22 specialty as the patient's provider, who is unaffiliated with  
23 the insurer, jointly selected by the patient (or the patient's  
24 next of kin or legal representative if the patient is unable to  
25 act for himself or herself), the patient's provider, and the  
26 insurer in the event of a dispute between the insurer and  
27 patient's provider regarding the medical necessity of a  
28 treatment proposed by a patient's provider. If the reviewing  
29 provider determines the treatment to be medically necessary,  
30 the insurer shall provide reimbursement for the treatment.  
31 Future contractual or employment actions by the insurer  
32 regarding the patient's provider may not be based on the  
33 provider's participation in this procedure. Nothing prevents  
34 the insured from agreeing in writing to continue treatment at  
35 his or her expense. When making a determination of the medical  
36 necessity for a treatment modality for serious mental illness,

1 an insurer must make the determination in a manner that is  
2 consistent with the manner used to make that determination with  
3 respect to other diseases or illnesses covered under the  
4 policy, including an appeals process.

5 (4) A group health benefit plan:

6 (A) shall provide coverage based upon medical  
7 necessity for the following treatment of mental illness in  
8 each calendar year;

9 (i) 45 days of inpatient treatment; and

10 (ii) beginning on the effective date of this  
11 amendatory Act of the 94th General Assembly, 60 35  
12 visits for outpatient treatment including group and  
13 individual outpatient treatment;

14 (B) may not include a lifetime limit on the number of  
15 days of inpatient treatment or the number of outpatient  
16 visits covered under the plan; and

17 (C) shall include the same amount limits, deductibles,  
18 copayments, and coinsurance factors for serious mental  
19 illness as for physical illness.

20 (5) An issuer of a group health benefit plan may not count  
21 toward the number of outpatient visits required to be covered  
22 under this Section an outpatient visit for the purpose of  
23 medication management and shall cover the outpatient visits  
24 under the same terms and conditions as it covers outpatient  
25 visits for the treatment of physical illness.

26 (6) An issuer of a group health benefit plan may provide or  
27 offer coverage required under this Section through a managed  
28 care plan.

29 (7) This Section shall not be interpreted to require a  
30 group health benefit plan to provide coverage for treatment of:

31 (A) an addiction to a controlled substance or cannabis  
32 that is used in violation of law; or

33 (B) mental illness resulting from the use of a  
34 controlled substance or cannabis in violation of law.

35 (8) (Blank).

36 (Source: P.A. 94-402, eff. 8-2-05; P.A. 94-584, eff. 8-15-05;

1 revised 8-19-05.)

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