

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

1 nervous disorders or conditions shall be free to select the  
2 physician licensed to practice medicine in all its branches,  
3 licensed clinical psychologist, licensed clinical social  
4 worker, or licensed clinical professional counselor of his  
5 choice to treat such disorders, and the insurer shall pay the  
6 covered charges of such physician licensed to practice medicine  
7 in all its branches, licensed clinical psychologist, licensed  
8 clinical social worker, or licensed clinical professional  
9 counselor up to the limits of coverage, provided (i) the  
10 disorder or condition treated is covered by the policy, and  
11 (ii) the physician, licensed psychologist, licensed clinical  
12 social worker, or licensed clinical professional counselor is  
13 authorized to provide said services under the statutes of this  
14 State and in accordance with accepted principles of his  
15 profession.

16 (3) Insofar as this Section applies solely to licensed  
17 clinical social workers and licensed clinical professional  
18 counselors, those persons who may provide services to  
19 individuals shall do so after the licensed clinical social  
20 worker or licensed clinical professional counselor has  
21 informed the patient of the desirability of the patient  
22 conferring with the patient's primary care physician and the  
23 licensed clinical social worker or licensed clinical  
24 professional counselor has provided written notification to  
25 the patient's primary care physician, if any, that services are  
26 being provided to the patient. That notification may, however,

1 be waived by the patient on a written form. Those forms shall  
2 be retained by the licensed clinical social worker or licensed  
3 clinical professional counselor for a period of not less than 5  
4 years.

5 (b) (1) An insurer that provides coverage for hospital or  
6 medical expenses under a group policy of accident and health  
7 insurance or health care plan amended, delivered, issued, or  
8 renewed after the effective date of this amendatory Act of the  
9 92nd General Assembly shall provide coverage under the policy  
10 for treatment of serious mental illness under the same terms  
11 and conditions as coverage for hospital or medical expenses  
12 related to other illnesses and diseases. The coverage required  
13 under this Section must provide for same durational limits,  
14 amount limits, deductibles, and co-insurance requirements for  
15 serious mental illness as are provided for other illnesses and  
16 diseases. This subsection does not apply to coverage provided  
17 to employees by employers who have 50 or fewer employees.

18 (2) "Serious mental illness" means the following  
19 psychiatric illnesses as defined in the most current edition of  
20 the Diagnostic and Statistical Manual (DSM) published by the  
21 American Psychiatric Association:

22 (A) schizophrenia;

23 (B) paranoid and other psychotic disorders;

24 (C) bipolar disorders (hypomanic, manic, depressive,  
25 and mixed);

26 (D) major depressive disorders (single episode or

- 1 recurrent);
- 2 (E) schizoaffective disorders (bipolar or depressive);
- 3 (F) pervasive developmental disorders;
- 4 (G) obsessive-compulsive disorders;
- 5 (H) depression in childhood and adolescence;
- 6 (I) panic disorder; ~~and~~
- 7 (J) post-traumatic stress disorders (acute, chronic,
- 8 or with delayed onset); ~~and~~
- 9 (K) anorexia nervosa and bulimia nervosa.

10 (3) Upon request of the reimbursing insurer, a provider of  
11 treatment of serious mental illness shall furnish medical  
12 records or other necessary data that substantiate that initial  
13 or continued treatment is at all times medically necessary. An  
14 insurer shall provide a mechanism for the timely review by a  
15 provider holding the same license and practicing in the same  
16 specialty as the patient's provider, who is unaffiliated with  
17 the insurer, jointly selected by the patient (or the patient's  
18 next of kin or legal representative if the patient is unable to  
19 act for himself or herself), the patient's provider, and the  
20 insurer in the event of a dispute between the insurer and  
21 patient's provider regarding the medical necessity of a  
22 treatment proposed by a patient's provider. If the reviewing  
23 provider determines the treatment to be medically necessary,  
24 the insurer shall provide reimbursement for the treatment.  
25 Future contractual or employment actions by the insurer  
26 regarding the patient's provider may not be based on the

1 provider's participation in this procedure. Nothing prevents  
2 the insured from agreeing in writing to continue treatment at  
3 his or her expense. When making a determination of the medical  
4 necessity for a treatment modality for serious mental illness,  
5 an insurer must make the determination in a manner that is  
6 consistent with the manner used to make that determination with  
7 respect to other diseases or illnesses covered under the  
8 policy, including an appeals process.

9 (4) A group health benefit plan:

10 (A) shall provide coverage based upon medical  
11 necessity for the following treatment of mental illness in  
12 each calendar year:

13 (i) 45 days of inpatient treatment; and

14 (ii) beginning on June 26, 2006 (the effective date  
15 of Public Act 94-921) ~~this amendatory Act of the 94th~~  
16 ~~General Assembly~~, 60 visits for outpatient treatment  
17 including group and individual outpatient treatment;  
18 and

19 (iii) for plans or policies delivered, issued for  
20 delivery, renewed, or modified after January 1, 2007  
21 (the effective date of Public Act 94-906) ~~this~~  
22 ~~amendatory Act of the 94th General Assembly~~, 20  
23 additional outpatient visits for speech therapy for  
24 treatment of pervasive developmental disorders that  
25 will be in addition to speech therapy provided pursuant  
26 to item (ii) of this subparagraph (A);

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

4 (C) shall include the same amount limits, deductibles,  
5 copayments, and coinsurance factors for serious mental  
6 illness as for physical illness.

7 (5) An issuer of a group health benefit plan may not count  
8 toward the number of outpatient visits required to be covered  
9 under this Section an outpatient visit for the purpose of  
10 medication management and shall cover the outpatient visits  
11 under the same terms and conditions as it covers outpatient  
12 visits for the treatment of physical illness.

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

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

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

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

22 (8) (Blank).

23 (Source: P.A. 94-402, eff. 8-2-05; 94-584, eff. 8-15-05;  
24 94-906, eff. 1-1-07; 94-921, eff. 6-26-06; revised 8-3-06.)