

# HB6724



## 95TH GENERAL ASSEMBLY

### State of Illinois

2007 and 2008

**HB6724**

by Rep. Fred Crespo

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356t

Amends the Illinois Insurance Code. In the Section concerning post-mastectomy care, requires insurance companies to provide coverage for (1) a minimum of 24 hours of inpatient care following a lymph node dissection for the treatment of breast cancer or (2) a minimum of 48 hours of inpatient care following a mastectomy or breast conserving surgery for the treatment of breast cancer. Prohibits insurance companies from giving incentives or penalties to physicians or providers. Provides that insurance companies must provide notice of the required coverage to each participant and beneficiary. Makes other changes.

LRB095 22470 RPM 52829 b

A BILL FOR

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 356t as follows:

6 (215 ILCS 5/356t)

7 Sec. 356t. Post-mastectomy care.

8 (a) An individual or group policy of accident and health  
9 insurance or managed care plan that provides surgical coverage  
10 and is amended, delivered, issued, or renewed after the  
11 effective date of this amendatory Act of 1997 shall provide  
12 inpatient coverage for medically necessary treatment following  
13 a mastectomy. The policy or plan shall provide coverage for the  
14 following:

15 (1) a minimum of 24 hours of inpatient care following a  
16 lymph node dissection for the treatment of breast cancer,  
17 except as otherwise provided in this Section; or

18 (2) a minimum of 48 hours of inpatient care following a  
19 mastectomy or breast conserving surgery (such as a  
20 lumpectomy) for the treatment of breast cancer, except as  
21 otherwise provided in this Section.

22 A shorter length of hospital inpatient stay for services  
23 related to a mastectomy, lumpectomy, or a lymph node dissection

1 may be provided if the attending physician determines, in  
2 consultation with the patient ~~for a length of time determined~~  
3 by the attending physician to be medically necessary and in  
4 accordance with protocols and guidelines based on sound  
5 scientific evidence and upon evaluation of the patient and the  
6 coverage for and availability of a post-discharge physician  
7 office visit or in-home nurse visit to verify the condition of  
8 the patient in the first 48 hours after discharge, that a  
9 shorter period of hospital stay is medically appropriate.

10 (b) An issuer of individual or group policy of accident and  
11 health insurance or managed care plan that provides coverage  
12 under this Section may not:

13 (1) require that a physician or provider obtain  
14 authorization from the issuer or policy or plan for  
15 prescribing any length of stay required under subsection  
16 (a) of this Section;

17 (2) penalize or otherwise reduce or limit the  
18 reimbursement of a physician or provider because the  
19 physician or provider provided care to a patient in  
20 accordance with subsection (a) of this Section;

21 (3) provide financial or other incentives to a  
22 physician or provider in order to induce the physician or  
23 provider to keep the length of inpatient stays of patients  
24 following a mastectomy, lumpectomy, or a lymph node  
25 dissection for the treatment of breast cancer below any  
26 limits;

1           (4) provide financial or other incentives to a  
2           physician or provider in order to induce the physician or  
3           provider to refrain from referring a patient for a  
4           secondary consultation that would otherwise be covered by  
5           the policy or plan; or

6           (5) deny to a participant eligibility or continued  
7           eligibility to enroll or renew coverage under the terms of  
8           the policy or plan or deny coverage solely for the purpose  
9           of avoiding the requirements of this Section.

10          (c) An issuer of a policy or plan under this Section must  
11          provide notice to each participant and beneficiary of the  
12          coverage required by this Section. The notice shall be in  
13          writing and prominently positioned in any literature or  
14          correspondence made available or distributed by the issuer or  
15          policy or plan.

16          (Source: P.A. 90-7, eff. 6-10-97; 90-655, eff. 7-30-98.)