

1 AN ACT concerning government.

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 adding Section 6.11A as follows:

6 (5 ILCS 375/6.11A new)

7 Sec. 6.11A. Physical therapy and occupational therapy.

8 (a) The program of health benefits provided under this Act  
9 shall provide coverage for medically necessary physical  
10 therapy and occupational therapy ordered or referred by a  
11 physician licensed under the Medical Practice Act of 1987, a  
12 physician's assistant licensed under the Physician's Assistant  
13 Practice Act of 1987, or an advanced practice nurse licensed  
14 under the Nurse Practice Act.

15 (b) For the purpose of this Section, "medically necessary"  
16 means any care, treatment, intervention, service, or item that  
17 will or is reasonably expected to:

18 (i) prevent the onset of an illness,  
19 condition, injury, disease, or disability;

20 (ii) reduce or ameliorate the physical,  
21 mental, or developmental effects of an illness,  
22 condition, injury, disease, or disability; or

23 (iii) assist the achievement or maintenance of

1           maximum functional activity in performing daily  
2           activities.

3           (c) The coverage required under this Section shall be  
4           subject to the same deductible, coinsurance, waiting period,  
5           cost sharing limitation, treatment limitation, calendar year  
6           maximum, or other limitations as provided for other physical or  
7           rehabilitative or occupational therapy benefits covered by the  
8           policy.

9           (d) Upon request of the reimbursing insurer, the provider  
10          of the physical therapy or occupational therapy shall furnish  
11          medical records, clinical notes, or other necessary data that  
12          substantiate that initial or continued treatment is medically  
13          necessary and is resulting in approved clinical status. When  
14          treatment is anticipated to require continued services to  
15          achieve demonstrable progress, the insurer may request a  
16          treatment plan consisting of the diagnosis, proposed treatment  
17          by type, proposed frequency of treatment, anticipated duration  
18          of treatment, anticipated outcomes stated as goals, and  
19          proposed frequency of updating the treatment plan.

20          (e) When making a determination of medical necessity for  
21          treatment, an insurer must make the determination in a manner  
22          consistent with the manner in which that determination is made  
23          with respect to other diseases or illnesses covered under the  
24          policy, including an appeals process. During the appeals  
25          process, any challenge to medical necessity may be viewed as  
26          reasonable only if the review includes a licensed health care

1 professional with the same category of license as the  
2 professional who ordered or referred the service in question  
3 and with expertise in the most current and effective treatment.