



Rep. Betsy Hannig

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LRB096 15482 JAM 37585 a

1 AMENDMENT TO HOUSE BILL 4737

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4737 by replacing  
3 everything after the enacting clause with the following:

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

1 will or is reasonably expected to:

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

4 (ii) reduce or ameliorate the physical,  
5 mental, or developmental effects of an illness,  
6 condition, injury, disease, or disability; or

7 (iii) assist the achievement or maintenance of  
8 maximum functional activity in performing daily  
9 activities.

10 (c) The coverage required under this Section shall be  
11 subject to the same deductible, coinsurance, waiting period,  
12 cost sharing limitation, treatment limitation, calendar year  
13 maximum, or other limitations as provided for other physical or  
14 rehabilitative or occupational therapy benefits covered by the  
15 policy.

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

1       (e) When making a determination of medical necessity for  
2 treatment, an insurer must make the determination in a manner  
3 consistent with the manner in which that determination is made  
4 with respect to other diseases or illnesses covered under the  
5 policy, including an appeals process. During the appeals  
6 process, any challenge to medical necessity may be viewed as  
7 reasonable only if the review includes a licensed health care  
8 professional with the same category of license as the  
9 professional who ordered or referred the service in question  
10 and with expertise in the most current and effective  
11 treatment."