

SB1557



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

SB1557

Introduced 2/9/2011, by Sen. William R. Haine

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11A

Amends the State Employees Group Insurance Act of 1971. Provides that there is coverage under the Act for medically necessary physical therapy and occupational therapy when that therapy is ordered for the treatment of autoimmune diseases or referred for the same purpose (rather than at any time medically necessary physical therapy and occupational therapy is ordered or referred). Effective immediately.

LRB097 08250 JDS 48376 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 changing Section 6.11A as follows:

6 (5 ILCS 375/6.11A)

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 when that therapy is ordered
11 for the treatment of autoimmune diseases or referred for the
12 same purpose by (i) a physician licensed under the Medical
13 Practice Act of 1987, (ii) a physician's assistant licensed
14 under the Physician's Assistant Practice Act of 1987, or (iii)
15 an advanced practice nurse licensed under the Nurse Practice
16 Act.

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

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

22 (ii) reduce or ameliorate the physical, mental, or
23 developmental effects of an illness, condition, injury,

1 disease, or disability; or

2 (iii) assist the achievement or maintenance of maximum
3 functional activity in performing daily activities.

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

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

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

1 reasonable only if the review includes a licensed health care
2 professional with the same category of license as the
3 professional who ordered or referred the service in question
4 and with expertise in the most current and effective treatment.
5 (Source: P.A. 96-1227, eff. 1-1-11.)

6 Section 99. Effective date. This Act takes effect upon
7 becoming law.