



Rep. Mary E. Flowers

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09800HB4335ham001

LRB098 17245 RPM 57117 a

1 AMENDMENT TO HOUSE BILL 4335

2 AMENDMENT NO. _____. Amend House Bill 4335 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 changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall provide
9 the post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t of
11 the Illinois Insurance Code. The program of health benefits
12 shall provide the coverage required under Sections 356g,
13 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
15 356z.14, 356z.15, ~~and~~ 356z.17, and 356z.22 of the Illinois
16 Insurance Code. The program of health benefits must comply with

1 Sections 155.22a, 155.37, 355b, and 356z.19 of the Illinois
2 Insurance Code.

3 Rulemaking authority to implement Public Act 95-1045, if
4 any, is conditioned on the rules being adopted in accordance
5 with all provisions of the Illinois Administrative Procedure
6 Act and all rules and procedures of the Joint Committee on
7 Administrative Rules; any purported rule not so adopted, for
8 whatever reason, is unauthorized.

9 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
10 eff. 7-13-12; 98-189, eff. 1-1-14.)

11 Section 10. The Counties Code is amended by changing
12 Section 5-1069.3 as follows:

13 (55 ILCS 5/5-1069.3)

14 Sec. 5-1069.3. Required health benefits. If a county,
15 including a home rule county, is a self-insurer for purposes of
16 providing health insurance coverage for its employees, the
17 coverage shall include coverage for the post-mastectomy care
18 benefits required to be covered by a policy of accident and
19 health insurance under Section 356t and the coverage required
20 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
21 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
22 356z.14, ~~and~~ 356z.15, and 356z.22 of the Illinois Insurance
23 Code. The coverage shall comply with Sections 155.22a, 355b,
24 and 356z.19 of the Illinois Insurance Code. The requirement

1 that health benefits be covered as provided in this Section is
2 an exclusive power and function of the State and is a denial
3 and limitation under Article VII, Section 6, subsection (h) of
4 the Illinois Constitution. A home rule county to which this
5 Section applies must comply with every provision of this
6 Section.

7 Rulemaking authority to implement Public Act 95-1045, if
8 any, is conditioned on the rules being adopted in accordance
9 with all provisions of the Illinois Administrative Procedure
10 Act and all rules and procedures of the Joint Committee on
11 Administrative Rules; any purported rule not so adopted, for
12 whatever reason, is unauthorized.

13 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
14 eff. 7-13-12; 98-189, eff. 1-1-14.)

15 Section 15. The Illinois Municipal Code is amended by
16 changing Section 10-4-2.3 as follows:

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a
19 municipality, including a home rule municipality, is a
20 self-insurer for purposes of providing health insurance
21 coverage for its employees, the coverage shall include coverage
22 for the post-mastectomy care benefits required to be covered by
23 a policy of accident and health insurance under Section 356t
24 and the coverage required under Sections 356g, 356g.5,

1 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
2 356z.11, 356z.12, 356z.13, 356z.14, ~~and~~ 356z.15, and 356z.22 of
3 the Illinois Insurance Code. The coverage shall comply with
4 Sections 155.22a, 355b, and 356z.19 of the Illinois Insurance
5 Code. The requirement that health benefits be covered as
6 provided in this is an exclusive power and function of the
7 State and is a denial and limitation under Article VII, Section
8 6, subsection (h) of the Illinois Constitution. A home rule
9 municipality to which this Section applies must comply with
10 every provision of this Section.

11 Rulemaking authority to implement Public Act 95-1045, if
12 any, is conditioned on the rules being adopted in accordance
13 with all provisions of the Illinois Administrative Procedure
14 Act and all rules and procedures of the Joint Committee on
15 Administrative Rules; any purported rule not so adopted, for
16 whatever reason, is unauthorized.

17 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
18 eff. 7-13-12; 98-189, eff. 1-1-14.)

19 Section 20. The Illinois Insurance Code is amended by
20 adding Section 356z.22 as follows:

21 (215 ILCS 5/356z.22 new)

22 Sec. 356z.22. Hospital patient assessments. A group or
23 individual policy of accident and health insurance or managed
24 care plan amended, delivered, issued, or renewed after the

1 effective date of this amendatory Act of the 98th General
2 Assembly that provides coverage for hospital care shall include
3 in that coverage all services ordered by a physician and
4 provided in the hospital that are considered medically
5 necessary for the evaluation, assessment, and diagnosis of the
6 illness or condition that resulted in the hospital stay of the
7 enrollee or recipient. The services are subject to reasonable
8 review and utilization standards required by the policy or plan
9 for all hospital services, as defined by the Department or its
10 successor agency.

11 Section 25. The Illinois Public Aid Code is amended by
12 changing Section 5-16.8 as follows:

13 (305 ILCS 5/5-16.8)

14 Sec. 5-16.8. Required health benefits. The medical
15 assistance program shall (i) provide the post-mastectomy care
16 benefits required to be covered by a policy of accident and
17 health insurance under Section 356t and the coverage required
18 under Sections 356g.5, 356u, 356w, 356x, ~~and~~ 356z.6, and
19 356z.22 of the Illinois Insurance Code and (ii) be subject to
20 the provisions of Sections 356z.19 and 364.01 of the Illinois
21 Insurance Code.

22 On and after July 1, 2012, the Department shall reduce any
23 rate of reimbursement for services or other payments or alter
24 any methodologies authorized by this Code to reduce any rate of

1 reimbursement for services or other payments in accordance with
2 Section 5-5e.

3 (Source: P.A. 97-282, eff. 8-9-11; 97-689, eff. 6-14-12.)

4 Section 30. The Medical Patient Rights Act is amended by
5 changing Section 2.04 and adding Section 5.3 as follows:

6 (410 ILCS 50/2.04) (from Ch. 111 1/2, par. 5402.04)

7 Sec. 2.04. "Insurance company" means (1) an insurance
8 company, fraternal benefit society, and any other insurer
9 subject to regulation under the Illinois Insurance Code; or (2)
10 a health maintenance organization, a limited health service
11 organization under the Limited Health Service Organization
12 Act, or a voluntary health services plan under the Voluntary
13 Health Services Plans Act.

14 (Source: P.A. 85-677; 85-679.)

15 (410 ILCS 50/5.3 new)

16 Sec. 5.3. Patient notice of observation services.

17 (a) Every general hospital shall provide patients who are
18 placed into observation services by the general hospital with
19 an oral and written notice within 24 hours after placement that
20 the patient is not admitted to the hospital and is under
21 observation status. The written notice shall be signed by the
22 patient or the patient's legal representative to acknowledge
23 receipt and shall include, but not be limited to, the following

1 information:

2 (1) a statement that observation status may affect the
3 patient's Medicare, Medicaid, and private insurance
4 coverage for the current hospital services, including
5 medications and other pharmaceutical supplies, as well as
6 coverage for any subsequent discharge to a skilled nursing
7 facility or home and community based care; and

8 (2) that the patient should contact his or her
9 insurance plan to better understand the implications of
10 being placed in observation status.

11 (b) The Director of Public Health shall develop and make
12 available guidance on the notice as described in this Section.

13 (c) The Director of Public Health shall direct the Long
14 Term Care Advisory Committee and appropriate Department staff
15 involved in regulating hospitals and nursing homes to
16 investigate strategies for reducing the number of observation
17 stays that extend past 48 hours, including exploring
18 provisional and retroactive admissions. The Long Term Care
19 Advisory Committee shall report to the Director, the Governor,
20 the President of the Senate, and the Speaker of the House no
21 later than 180 days after the effective date of this amendatory
22 Act of the 98th General Assembly.

23 Section 99. Effective date. This Act takes effect upon
24 becoming law.".