

1 AN ACT in relation to 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 370c and adding Section 370c-1 as follows:

6 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

7 Sec. 370c. Mental and emotional disorders.

8 (1) On and after the effective date of this Section,  
9 every insurer which delivers, issues for delivery or renews  
10 or modifies group A&H policies providing coverage for  
11 hospital or medical treatment or services for illness on an  
12 expense-incurred basis shall offer to the applicant or group  
13 policyholder subject to the insurers standards of  
14 insurability, coverage for reasonable and necessary treatment  
15 and services for mental, emotional, or nervous disorders or  
16 conditions, other than serious mental illnesses subject to  
17 Section 370c-1, up to the limits provided in the policy for  
18 other disorders or conditions, except (i) the insured may be  
19 required to pay up to 50% of expenses incurred as a result of  
20 the treatment or services, and (ii) the annual benefit limit  
21 may be limited to the lesser of \$10,000 or 25% of the  
22 lifetime policy limit.

23 (2) Each insured that is covered for mental, emotional  
24 or nervous disorders or conditions shall be free to select  
25 the physician licensed to practice medicine in all its  
26 branches, licensed clinical psychologist, or licensed  
27 clinical social worker of his choice to treat such disorders,  
28 and the insurer shall pay the covered charges of such  
29 physician licensed to practice medicine in all its branches,  
30 licensed clinical psychologist, or licensed clinical social  
31 worker up to the limits of coverage, provided (i) the

1 disorder or condition treated is covered by the policy, and  
 2 (ii) the physician, licensed psychologist, or licensed  
 3 clinical social worker is authorized to provide said services  
 4 under the statutes of this State and in accordance with  
 5 accepted principles of his profession.

6 Insofar as this Section applies solely to licensed  
 7 clinical social workers, those persons who may provide  
 8 services to individuals shall do so after the licensed  
 9 clinical social worker has informed the patient of the  
 10 desirability of the patient conferring with the patient's  
 11 primary care physician and the licensed clinical social  
 12 worker has provided written notification to the patient's  
 13 primary care physician, if any, that services are being  
 14 provided to the patient. That notification may, however, be  
 15 waived by the patient on a written form. Those forms shall  
 16 be retained by the licensed clinical social worker for a  
 17 period of not less than 5 years.

18 (Source: P.A. 86-1434.)

19 (215 ILCS 5/370c-1 new)

20 Sec. 370c-1. Coverage for serious mental illness.

21 (a) An insurer that provides coverage for hospital or  
 22 medical expenses under a group or individual policy of  
 23 accident and health insurance or health care plan amended,  
 24 delivered, issued, or renewed after the effective date of  
 25 this amendatory Act of the 92nd General Assembly shall  
 26 provide coverage under the policy for treatment of serious  
 27 mental illness under the same terms and conditions as  
 28 coverage for hospital or medical expenses related to other  
 29 illnesses and diseases. The coverage required under this  
 30 Section must provide the same durational limits, amount  
 31 limits, deductibles, and co-insurance requirements for  
 32 serious mental illness as are provided for other illnesses  
 33 and diseases.

1       (b) "Serious mental illness" means any mental disorders  
2 that are caused by factors including a biological or  
3 physiological disorder of the brain or psychosocial factors  
4 that substantially limit the life activities of the person  
5 with the illness. Examples include, but are not limited to,  
6 the following as described in the most current edition of the  
7 Diagnostic and Statistical Manual (DSM) published by the  
8 American Psychiatric Association:

- 9           (1) Schizophrenia.
- 10          (2) Pervasive developmental disorder.
- 11          (3) Autistic disorders.
- 12          (4) Schizoaffective disorder.
- 13          (5) Delusional disorder.
- 14          (6) Bipolar disorder.
- 15          (7) Major depression.
- 16          (8) Obsessive compulsive disorder.
- 17          (9) Panic disorder.

18       (c) Upon request of the reimbursing insurer, a provider  
19 of treatment of serious mental illness shall furnish medical  
20 records or other necessary data that substantiate that  
21 initial or continued treatment is at all times medically  
22 necessary. An insurer shall provide a mechanism for the  
23 timely review by a provider holding the same license and  
24 practicing in the same specialty as the patient's provider,  
25 who is unaffiliated with the insurer, jointly selected by the  
26 patient (or the patient's next of kin or legal representative  
27 if the patient is unable to act for himself or herself), the  
28 patient's provider, and the insurer in the event of a dispute  
29 between the insurer and patient's provider regarding the  
30 medical necessity of a treatment proposed by a patient's  
31 provider. If the reviewing provider determines the treatment  
32 to be medically necessary, the insurer shall provide  
33 reimbursement for the treatment. Future contractual or  
34 employment actions by the insurer regarding the patient's

1 provider shall not be based on the provider's participation  
2 in this procedure. Nothing prevents the insured from  
3 agreeing in writing to continue treatment at his or her  
4 expense.

5 When making a determination of the medical necessity for  
6 a treatment modality for serious mental illness, an insurer  
7 must make the determination in a manner that is consistent  
8 with the manner used to make that determination with respect  
9 to other diseases or illnesses covered under the policy,  
10 including an appeals process.

11 (d) Inpatient coverage under this Section when  
12 continuous hospitalization is medically necessary may be  
13 limited to 90 consecutive days.