



Rep. Laura Fine

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1 AMENDMENT TO HOUSE BILL 1332

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1332 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 370c as follows:

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

7 Sec. 370c. Mental and emotional disorders.

8 (a) (1) On and after the effective date of this amendatory  
9 Act of the 97th General Assembly, every insurer which amends,  
10 delivers, issues, or renews group accident and health policies  
11 providing coverage for hospital or medical treatment or  
12 services for illness on an expense-incurred basis shall offer  
13 to the applicant or group policyholder subject to the insurer's  
14 standards of insurability, coverage for reasonable and  
15 necessary treatment and services for mental, emotional or  
16 nervous disorders or conditions, other than serious mental

1 illnesses as defined in item (2) of subsection (b), consistent  
2 with the parity requirements of Section 370c.1 of this Code.

3 (2) Each insured that is covered for mental, emotional,  
4 nervous, or substance use disorders or conditions shall be free  
5 to select the physician licensed to practice medicine in all  
6 its branches, licensed clinical psychologist, licensed  
7 clinical social worker, licensed clinical professional  
8 counselor, licensed marriage and family therapist, licensed  
9 speech-language pathologist, or other licensed or certified  
10 professional at a program licensed pursuant to the Illinois  
11 Alcoholism and Other Drug Abuse and Dependency Act of his  
12 choice to treat such disorders, and the insurer shall pay the  
13 covered charges of such physician licensed to practice medicine  
14 in all its branches, licensed clinical psychologist, licensed  
15 clinical social worker, licensed clinical professional  
16 counselor, licensed marriage and family therapist, licensed  
17 speech-language pathologist, or other licensed or certified  
18 professional at a program licensed pursuant to the Illinois  
19 Alcoholism and Other Drug Abuse and Dependency Act up to the  
20 limits of coverage, provided (i) the disorder or condition  
21 treated is covered by the policy, and (ii) the physician,  
22 licensed psychologist, licensed clinical social worker,  
23 licensed clinical professional counselor, licensed marriage  
24 and family therapist, licensed speech-language pathologist, or  
25 other licensed or certified professional at a program licensed  
26 pursuant to the Illinois Alcoholism and Other Drug Abuse and

1 Dependency Act is authorized to provide said services under the  
2 statutes of this State and in accordance with accepted  
3 principles of his profession.

4 (3) Insofar as this Section applies solely to licensed  
5 clinical social workers, licensed clinical professional  
6 counselors, licensed marriage and family therapists, licensed  
7 speech-language pathologists, and other licensed or certified  
8 professionals at programs licensed pursuant to the Illinois  
9 Alcoholism and Other Drug Abuse and Dependency Act, those  
10 persons who may provide services to individuals shall do so  
11 after the licensed clinical social worker, licensed clinical  
12 professional counselor, licensed marriage and family  
13 therapist, licensed speech-language pathologist, or other  
14 licensed or certified professional at a program licensed  
15 pursuant to the Illinois Alcoholism and Other Drug Abuse and  
16 Dependency Act has informed the patient of the desirability of  
17 the patient conferring with the patient's primary care  
18 physician and the licensed clinical social worker, licensed  
19 clinical professional counselor, licensed marriage and family  
20 therapist, licensed speech-language pathologist, or other  
21 licensed or certified professional at a program licensed  
22 pursuant to the Illinois Alcoholism and Other Drug Abuse and  
23 Dependency Act has provided written notification to the  
24 patient's primary care physician, if any, that services are  
25 being provided to the patient. That notification may, however,  
26 be waived by the patient on a written form. Those forms shall

1 be retained by the licensed clinical social worker, licensed  
2 clinical professional counselor, licensed marriage and family  
3 therapist, licensed speech-language pathologist, or other  
4 licensed or certified professional at a program licensed  
5 pursuant to the Illinois Alcoholism and Other Drug Abuse and  
6 Dependency Act for a period of not less than 5 years.

7 (b) (1) An insurer that provides coverage for hospital or  
8 medical expenses under a group policy of accident and health  
9 insurance or health care plan amended, delivered, issued, or  
10 renewed on or after the effective date of this amendatory Act  
11 of the 97th General Assembly shall provide coverage under the  
12 policy for treatment of serious mental illness and substance  
13 use disorders consistent with the parity requirements of  
14 Section 370c.1 of this Code. This subsection does not apply to  
15 any group policy of accident and health insurance or health  
16 care plan for any plan year of a small employer as defined in  
17 Section 5 of the Illinois Health Insurance Portability and  
18 Accountability Act.

19 (2) "Serious mental illness" means the following  
20 psychiatric illnesses as defined in the most current edition of  
21 the Diagnostic and Statistical Manual (DSM) published by the  
22 American Psychiatric Association:

23 (A) schizophrenia;

24 (B) paranoid and other psychotic disorders;

25 (C) bipolar disorders (hypomanic, manic, depressive,  
26 and mixed);

1 (D) major depressive disorders (single episode or  
2 recurrent);

3 (E) schizoaffective disorders (bipolar or depressive);

4 (F) pervasive developmental disorders;

5 (G) obsessive-compulsive disorders;

6 (H) depression in childhood and adolescence;

7 (I) panic disorder;

8 (J) post-traumatic stress disorders (acute, chronic,  
9 or with delayed onset); and

10 (K) (blank). ~~anorexia nervosa and bulimia nervosa.~~

11 (2.5) "Substance use disorder" means the following mental  
12 disorders as defined in the most current edition of the  
13 Diagnostic and Statistical Manual (DSM) published by the  
14 American Psychiatric Association:

15 (A) substance abuse disorders;

16 (B) substance dependence disorders; and

17 (C) substance induced disorders.

18 (3) Unless otherwise prohibited by federal law and  
19 consistent with the parity requirements of Section 370c.1 of  
20 this Code, the reimbursing insurer, a provider of treatment of  
21 serious mental illness or substance use disorder shall furnish  
22 medical records or other necessary data that substantiate that  
23 initial or continued treatment is at all times medically  
24 necessary. An insurer shall provide a mechanism for the timely  
25 review by a provider holding the same license and practicing in  
26 the same specialty as the patient's provider, who is

1 unaffiliated with the insurer, jointly selected by the patient  
2 (or the patient's next of kin or legal representative if the  
3 patient is unable to act for himself or herself), the patient's  
4 provider, and the insurer in the event of a dispute between the  
5 insurer and patient's provider regarding the medical necessity  
6 of a treatment proposed by a patient's provider. If the  
7 reviewing provider determines the treatment to be medically  
8 necessary, the insurer shall provide reimbursement for the  
9 treatment. Future contractual or employment actions by the  
10 insurer regarding the patient's provider may not be based on  
11 the provider's participation in this procedure. Nothing  
12 prevents the insured from agreeing in writing to continue  
13 treatment at his or her expense. When making a determination of  
14 the medical necessity for a treatment modality for serious  
15 mental illness or substance use disorder, an insurer must make  
16 the determination in a manner that is consistent with the  
17 manner used to make that determination with respect to other  
18 diseases or illnesses covered under the policy, including an  
19 appeals process. Medical necessity determinations for  
20 substance use disorders shall be made in accordance with  
21 appropriate patient placement criteria established by the  
22 American Society of Addiction Medicine. No additional criteria  
23 may be used to make medical necessity determinations for  
24 substance use disorders.

25 (4) A group health benefit plan amended, delivered, issued,  
26 or renewed on or after the effective date of this amendatory

1 Act of the 97th General Assembly:

2 (A) shall provide coverage based upon medical  
3 necessity for the treatment of mental illness and substance  
4 use disorders consistent with the parity requirements of  
5 Section 370c.1 of this Code; provided, however, that in  
6 each calendar year coverage shall not be less than the  
7 following:

8 (i) 45 days of inpatient treatment; and

9 (ii) beginning on June 26, 2006 (the effective date  
10 of Public Act 94-921), 60 visits for outpatient  
11 treatment including group and individual outpatient  
12 treatment; and

13 (iii) for plans or policies delivered, issued for  
14 delivery, renewed, or modified after January 1, 2007  
15 (the effective date of Public Act 94-906), 20  
16 additional outpatient visits for speech therapy for  
17 treatment of pervasive developmental disorders that  
18 will be in addition to speech therapy provided pursuant  
19 to item (ii) of this subparagraph (A); and

20 (B) may not include a lifetime limit on the number of  
21 days of inpatient treatment or the number of outpatient  
22 visits covered under the plan.

23 (C) (Blank).

24 (5) An issuer of a group health benefit plan may not count  
25 toward the number of outpatient visits required to be covered  
26 under this Section an outpatient visit for the purpose of

1 medication management and shall cover the outpatient visits  
2 under the same terms and conditions as it covers outpatient  
3 visits for the treatment of physical illness.

4 (5.5) An individual or group health benefit plan amended,  
5 delivered, issued, or renewed on or after the effective date of  
6 this amendatory Act of the 99th General Assembly shall offer  
7 coverage for medically necessary acute treatment services and  
8 medically necessary clinical stabilization services. The  
9 treating provider shall base all treatment recommendations and  
10 the health benefit plan shall base all medical necessity  
11 determinations for substance use disorders in accordance with  
12 the most current edition of the American Society of Addiction  
13 Medicine Patient Placement Criteria.

14 As used in this subsection:

15 "Acute treatment services" means 24-hour medically  
16 supervised addiction treatment that provides evaluation and  
17 withdrawal management and may include biopsychosocial  
18 assessment, individual and group counseling, psychoeducational  
19 groups, and discharge planning.

20 "Clinical stabilization services" means 24-hour treatment,  
21 usually following acute treatment services for substance  
22 abuse, which may include intensive education and counseling  
23 regarding the nature of addiction and its consequences, relapse  
24 prevention, outreach to families and significant others, and  
25 aftercare planning for individuals beginning to engage in  
26 recovery from addiction.



1 (6) An issuer of a group health benefit plan may provide or  
2 offer coverage required under this Section through a managed  
3 care plan.

4 (7) (Blank).

5 (8) (Blank).

6 (9) With respect to substance use disorders, coverage for  
7 inpatient treatment shall include coverage for treatment in a  
8 residential treatment center licensed by the Department of  
9 Public Health or the Department of Human Services.

10 (b-5) On and after the effective date of this amendatory  
11 Act of the 100th General Assembly, every insurer that amends,  
12 delivers, issues, or renews a group or individual policy of  
13 accident and health insurance, a managed care plan, or a  
14 qualified health plan offered for sale through the health  
15 insurance marketplace in this State providing coverage for  
16 hospital or medical treatment shall provide coverage based upon  
17 medical necessity for the treatment of eating disorders  
18 consistent with the parity requirements of Section 370c.1 of  
19 this Code.

20 For the purposes of this item (1.5), "eating disorder"  
21 includes, but is not limited to, anorexia nervosa, bulimia  
22 nervosa, pica, rumination disorder, avoidant/restrictive food  
23 intake disorder, other specified feeding or eating disorder  
24 (OSFED), and any other eating disorder contained in the most  
25 recent version of the Diagnostic and Statistical Manual of  
26 Mental Disorders published by the American Psychiatric

1 Association.

2 (c) This Section shall not be interpreted to require  
3 coverage for speech therapy or other rehabilitative services for  
4 those individuals covered under Section 356z.15 of this Code.

5 (d) The Department shall enforce the requirements of State  
6 and federal parity law, which includes ensuring compliance by  
7 individual and group policies; detecting violations of the law  
8 by individual and group policies proactively monitoring  
9 discriminatory practices; accepting, evaluating, and  
10 responding to complaints regarding such violations; and  
11 ensuring violations are appropriately remedied and deterred.

12 (e) Availability of plan information.

13 (1) The criteria for medical necessity determinations  
14 made under a group health plan with respect to mental  
15 health or substance use disorder benefits (or health  
16 insurance coverage offered in connection with the plan with  
17 respect to such benefits) must be made available by the  
18 plan administrator (or the health insurance issuer  
19 offering such coverage) to any current or potential  
20 participant, beneficiary, or contracting provider upon  
21 request.

22 (2) The reason for any denial under a group health plan  
23 (or health insurance coverage offered in connection with  
24 such plan) of reimbursement or payment for services with  
25 respect to mental health or substance use disorder benefits  
26 in the case of any participant or beneficiary must be made

1           available within a reasonable time and in a reasonable  
2           manner by the plan administrator (or the health insurance  
3           issuer offering such coverage) to the participant or  
4           beneficiary upon request.

5           (f) As used in this Section, "group policy of accident and  
6           health insurance" and "group health benefit plan" includes (1)  
7           State-regulated employer-sponsored group health insurance  
8           plans written in Illinois and (2) State employee health plans.  
9           (Source: P.A. 99-480, eff. 9-9-15.)

10           Section 99. Effective date. This Act takes effect upon  
11           becoming law."