



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2347

Introduced 2/13/2019, by Rep. Gregory Harris

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11
55 ILCS 5/5-1069.3
65 ILCS 5/10-4-2.3
105 ILCS 5/10-22.3f
215 ILCS 134/10
305 ILCS 5/5-16.8

Amends the Managed Care Reform and Patient Rights Act. Provides that specified medical conditions are included in the definition of "emergency medical condition" regardless of the final diagnosis that is given. Provides that provisions concerning emergency services prior to stabilization also apply to the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, and the Illinois Public Aid Code.

LRB101 00232 SMS 51962 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

1 AN ACT concerning regulation.

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 6.11 as follows:

6 (5 ILCS 375/6.11)

7 (Text of Section before amendment by P.A. 100-1170)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g,
14 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
15 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
16 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
17 356z.29, and 356z.32 of the Illinois Insurance Code. The
18 program of health benefits must comply with Sections 155.22a,
19 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois
20 Insurance Code and Section 65 of the Managed Care Reform and
21 Patient Rights Act. The Department of Insurance shall enforce
22 the requirements of this Section.

23 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

6 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
7 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
8 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
9 1-8-19.)

10 (Text of Section after amendment by P.A. 100-1170)

11 Sec. 6.11. Required health benefits; Illinois Insurance
12 Code requirements. The program of health benefits shall provide
13 the post-mastectomy care benefits required to be covered by a
14 policy of accident and health insurance under Section 356t of
15 the Illinois Insurance Code. The program of health benefits
16 shall provide the coverage required under Sections 356g,
17 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
18 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
19 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29,
20 and 356z.32 of the Illinois Insurance Code. The program of
21 health benefits must comply with Sections 155.22a, 155.37,
22 355b, 356z.19, 370c, and 370c.1 of the Illinois Insurance Code
23 and Section 65 of the Managed Care Reform and Patient Rights
24 Act. The Department of Insurance shall enforce the requirements
25 of this Section with respect to Sections 370c and 370c.1 of the

1 Illinois Insurance Code; all other requirements of this Section
2 shall be enforced by the Department of Central Management
3 Services.

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

10 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
11 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
12 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;
13 100-1170, eff. 6-1-19.)

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

16 (55 ILCS 5/5-1069.3)

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

1 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~ 356z.29,
2 and 356z.32 of the Illinois Insurance Code. The coverage shall
3 comply with Sections 155.22a, 355b, 356z.19, and 370c of the
4 Illinois Insurance Code and Section 65 of the Managed Care
5 Reform and Patient Rights Act. The Department of Insurance
6 shall enforce the requirements of this Section. The requirement
7 that health benefits be covered as provided in this Section is
8 an exclusive power and function of the State and is a denial
9 and limitation under Article VII, Section 6, subsection (h) of
10 the Illinois Constitution. A home rule county to which this
11 Section applies must comply with every provision of this
12 Section.

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

19 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
20 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
21 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
22 10-3-18.)

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

1 (65 ILCS 5/10-4-2.3)

2 Sec. 10-4-2.3. Required health benefits. If a
3 municipality, including a home rule municipality, is a
4 self-insurer for purposes of providing health insurance
5 coverage for its employees, the coverage shall include coverage
6 for the post-mastectomy care benefits required to be covered by
7 a policy of accident and health insurance under Section 356t
8 and the coverage required under Sections 356g, 356g.5,
9 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
10 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
11 ~~and~~ 356z.26, ~~and~~ 356z.29, and 356z.32 of the Illinois Insurance
12 Code. The coverage shall comply with Sections 155.22a, 355b,
13 356z.19, and 370c of the Illinois Insurance Code and Section 65
14 of the Managed Care Reform and Patient Rights Act. The
15 Department of Insurance shall enforce the requirements of this
16 Section. The requirement that health benefits be covered as
17 provided in this is an exclusive power and function of the
18 State and is a denial and limitation under Article VII, Section
19 6, subsection (h) of the Illinois Constitution. A home rule
20 municipality to which this Section applies must comply with
21 every provision of this Section.

22 Rulemaking authority to implement Public Act 95-1045, if
23 any, is conditioned on the rules being adopted in accordance
24 with all provisions of the Illinois Administrative Procedure
25 Act and all rules and procedures of the Joint Committee on
26 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
3 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
4 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
5 10-4-18.)

6 Section 20. The School Code is amended by changing Section
7 10-22.3f as follows:

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,
14 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
15 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
16 356z.29, and 356z.32 of the Illinois Insurance Code. Insurance
17 policies shall comply with Section 356z.19 of the Illinois
18 Insurance Code. The coverage shall comply with Sections
19 155.22a, 355b, and 370c of the Illinois Insurance Code and
20 Section 65 of the Managed Care Reform and Patient Rights Act.
21 The Department of Insurance shall enforce the requirements of
22 this Section.

23 Rulemaking authority to implement Public Act 95-1045, if
24 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure
2 Act and all rules and procedures of the Joint Committee on
3 Administrative Rules; any purported rule not so adopted, for
4 whatever reason, is unauthorized.

5 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
6 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
7 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

8 Section 25. The Managed Care Reform and Patient Rights Act
9 is amended by changing Section 10 as follows:

10 (215 ILCS 134/10)

11 Sec. 10. Definitions.

12 "Adverse determination" means a determination by a health
13 care plan under Section 45 or by a utilization review program
14 under Section 85 that a health care service is not medically
15 necessary.

16 "Clinical peer" means a health care professional who is in
17 the same profession and the same or similar specialty as the
18 health care provider who typically manages the medical
19 condition, procedures, or treatment under review.

20 "Department" means the Department of Insurance.

21 "Emergency medical condition" means a medical condition
22 manifesting itself by acute symptoms of sufficient severity
23 (including, but not limited to, severe pain), regardless of the
24 final diagnosis that is given, such that a prudent layperson,

1 who possesses an average knowledge of health and medicine,
2 could reasonably expect the absence of immediate medical
3 attention to result in:

4 (1) placing the health of the individual (or, with
5 respect to a pregnant woman, the health of the woman or her
6 unborn child) in serious jeopardy;

7 (2) serious impairment to bodily functions; or

8 (3) serious dysfunction of any bodily organ or part.

9 "Emergency medical screening examination" means a medical
10 screening examination and evaluation by a physician licensed to
11 practice medicine in all its branches, or to the extent
12 permitted by applicable laws, by other appropriately licensed
13 personnel under the supervision of or in collaboration with a
14 physician licensed to practice medicine in all its branches to
15 determine whether the need for emergency services exists.

16 "Emergency services" means, with respect to an enrollee of
17 a health care plan, transportation services, including but not
18 limited to ambulance services, and covered inpatient and
19 outpatient hospital services furnished by a provider qualified
20 to furnish those services that are needed to evaluate or
21 stabilize an emergency medical condition. "Emergency services"
22 does not refer to post-stabilization medical services.

23 "Enrollee" means any person and his or her dependents
24 enrolled in or covered by a health care plan.

25 "Health care plan" means a plan, including, but not limited
26 to, a health maintenance organization, a managed care community

1 network as defined in the Illinois Public Aid Code, or an
2 accountable care entity as defined in the Illinois Public Aid
3 Code that receives capitated payments to cover medical services
4 from the Department of Healthcare and Family Services, that
5 establishes, operates, or maintains a network of health care
6 providers that has entered into an agreement with the plan to
7 provide health care services to enrollees to whom the plan has
8 the ultimate obligation to arrange for the provision of or
9 payment for services through organizational arrangements for
10 ongoing quality assurance, utilization review programs, or
11 dispute resolution. Nothing in this definition shall be
12 construed to mean that an independent practice association or a
13 physician hospital organization that subcontracts with a
14 health care plan is, for purposes of that subcontract, a health
15 care plan.

16 For purposes of this definition, "health care plan" shall
17 not include the following:

18 (1) indemnity health insurance policies including
19 those using a contracted provider network;

20 (2) health care plans that offer only dental or only
21 vision coverage;

22 (3) preferred provider administrators, as defined in
23 Section 370g(g) of the Illinois Insurance Code;

24 (4) employee or employer self-insured health benefit
25 plans under the federal Employee Retirement Income
26 Security Act of 1974;

1 (5) health care provided pursuant to the Workers'
2 Compensation Act or the Workers' Occupational Diseases
3 Act; and

4 (6) not-for-profit voluntary health services plans
5 with health maintenance organization authority in
6 existence as of January 1, 1999 that are affiliated with a
7 union and that only extend coverage to union members and
8 their dependents.

9 "Health care professional" means a physician, a registered
10 professional nurse, or other individual appropriately licensed
11 or registered to provide health care services.

12 "Health care provider" means any physician, hospital
13 facility, facility licensed under the Nursing Home Care Act,
14 long-term care facility as defined in Section 1-113 of the
15 Nursing Home Care Act, or other person that is licensed or
16 otherwise authorized to deliver health care services. Nothing
17 in this Act shall be construed to define Independent Practice
18 Associations or Physician-Hospital Organizations as health
19 care providers.

20 "Health care services" means any services included in the
21 furnishing to any individual of medical care, or the
22 hospitalization incident to the furnishing of such care, as
23 well as the furnishing to any person of any and all other
24 services for the purpose of preventing, alleviating, curing, or
25 healing human illness or injury including home health and
26 pharmaceutical services and products.

1 "Medical director" means a physician licensed in any state
2 to practice medicine in all its branches appointed by a health
3 care plan.

4 "Person" means a corporation, association, partnership,
5 limited liability company, sole proprietorship, or any other
6 legal entity.

7 "Physician" means a person licensed under the Medical
8 Practice Act of 1987.

9 "Post-stabilization medical services" means health care
10 services provided to an enrollee that are furnished in a
11 licensed hospital by a provider that is qualified to furnish
12 such services, and determined to be medically necessary and
13 directly related to the emergency medical condition following
14 stabilization.

15 "Stabilization" means, with respect to an emergency
16 medical condition, to provide such medical treatment of the
17 condition as may be necessary to assure, within reasonable
18 medical probability, that no material deterioration of the
19 condition is likely to result.

20 "Utilization review" means the evaluation of the medical
21 necessity, appropriateness, and efficiency of the use of health
22 care services, procedures, and facilities.

23 "Utilization review program" means a program established
24 by a person to perform utilization review.

25 (Source: P.A. 98-651, eff. 6-16-14; 98-841, eff. 8-1-14; 99-78,
26 eff. 7-20-15.)

1 Section 30. The Illinois Public Aid Code is amended by
2 changing Section 5-16.8 as follows:

3 (305 ILCS 5/5-16.8)

4 Sec. 5-16.8. Required health benefits. The medical
5 assistance program shall (i) provide the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26, ~~and~~
9 356z.29, and 356z.32 of the Illinois Insurance Code and (ii) be
10 subject to the provisions of Sections 356z.19, 364.01, 370c,
11 and 370c.1 of the Illinois Insurance Code and Section 65 of the
12 Managed Care Reform and Patient Rights Act.

13 On and after July 1, 2012, the Department shall reduce any
14 rate of reimbursement for services or other payments or alter
15 any methodologies authorized by this Code to reduce any rate of
16 reimbursement for services or other payments in accordance with
17 Section 5-5e.

18 To ensure full access to the benefits set forth in this
19 Section, on and after January 1, 2016, the Department shall
20 ensure that provider and hospital reimbursement for
21 post-mastectomy care benefits required under this Section are
22 no lower than the Medicare reimbursement rate.

23 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;
24 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; 100-863, eff.

1 8-14-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
2 10-4-18.)

3 Section 95. No acceleration or delay. Where this Act makes
4 changes in a statute that is represented in this Act by text
5 that is not yet or no longer in effect (for example, a Section
6 represented by multiple versions), the use of that text does
7 not accelerate or delay the taking effect of (i) the changes
8 made by this Act or (ii) provisions derived from any other
9 Public Act.