



Rep. Mary E. Flowers

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LRB098 17245 RPM 57423 a

1 AMENDMENT TO HOUSE BILL 4335

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4335, AS AMENDED, by  
3 replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The State Employees Group Insurance Act of 1971  
6 is amended by changing Section 6.11 as follows:

7 (5 ILCS 375/6.11)

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, ~~and~~ 356z.17, and 356z.22 of the Illinois

1 Insurance Code. The program of health benefits must comply with  
2 Sections 155.22a, 155.37, 355b, and 356z.19 of the Illinois  
3 Insurance Code.

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

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

14 (55 ILCS 5/5-1069.3)

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

1 and 356z.19 of the Illinois Insurance Code. The requirement  
2 that health benefits be covered as provided in this Section is  
3 an exclusive power and function of the State and is a denial  
4 and limitation under Article VII, Section 6, subsection (h) of  
5 the Illinois Constitution. A home rule county to which this  
6 Section applies must comply with every provision of this  
7 Section.

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

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

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

18 (65 ILCS 5/10-4-2.3)

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

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

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

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

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

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

23 Sec. 356z.22. Hospital patient assessments. A group or  
24 individual policy of accident and health insurance or managed

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

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

14 (305 ILCS 5/5-16.8)

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

23 On and after July 1, 2012, the Department shall reduce any  
24 rate of reimbursement for services or other payments or alter

1 any methodologies authorized by this Code to reduce any rate of  
2 reimbursement for services or other payments in accordance with  
3 Section 5-5e.

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

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

7 (410 ILCS 50/2.04) (from Ch. 111 1/2, par. 5402.04)

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

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

16 (410 ILCS 50/5.3 new)

17 Sec. 5.3. Patient notice of observation services.

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

1 but not be limited to, a statement that observation status may  
2 affect the patient's Medicare, Medicaid, or private insurance  
3 coverage for the current hospital services, including  
4 medications and other pharmaceutical supplies, as well as  
5 coverage for any subsequent discharge to a skilled nursing  
6 facility or home and community based care, including that the  
7 patient should contact Medicare, Medicaid, or his or her  
8 private insurance company if he or she has additional questions  
9 relating to coverage.

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

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

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