

HB0076



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB0076

by Rep. Lou Lang

SYNOPSIS AS INTRODUCED:

215 ILCS 5/370c

from Ch. 73, par. 982c

Amends the Illinois Insurance Code. Provides that each insured residing in an area designated as a mental health professional shortage area may obtain services from professionals licensed under the Illinois Alcoholism and Other Drug Abuse and Dependency Act through the use of telehealth services.

LRB099 01011 MLM 21017 b

A BILL FOR

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

19 (2) Each insured that is covered for mental, emotional,
20 nervous, or substance use disorders or conditions shall be free
21 to select the physician licensed to practice medicine in all
22 its branches, licensed clinical psychologist, licensed
23 clinical social worker, licensed clinical professional

1 counselor, licensed marriage and family therapist, licensed
2 speech-language pathologist, or other licensed or certified
3 professional at a program licensed pursuant to the Illinois
4 Alcoholism and Other Drug Abuse and Dependency Act of his
5 choice to treat such disorders, and the insurer shall pay the
6 covered charges of such physician licensed to practice medicine
7 in all its branches, licensed clinical psychologist, licensed
8 clinical social worker, licensed clinical professional
9 counselor, licensed marriage and family therapist, licensed
10 speech-language pathologist, or other licensed or certified
11 professional at a program licensed pursuant to the Illinois
12 Alcoholism and Other Drug Abuse and Dependency Act up to the
13 limits of coverage, provided (i) the disorder or condition
14 treated is covered by the policy, and (ii) the physician,
15 licensed psychologist, licensed clinical social worker,
16 licensed clinical professional counselor, licensed marriage
17 and family therapist, licensed speech-language pathologist, or
18 other licensed or certified professional at a program licensed
19 pursuant to the Illinois Alcoholism and Other Drug Abuse and
20 Dependency Act is authorized to provide said services under the
21 statutes of this State and in accordance with accepted
22 principles of his profession.

23 Each insured residing in an area designated as a mental
24 health professional shortage area by the U.S. Department of
25 Health and Human Services may obtain services from the licensed
26 professionals described in this item (2) through the use of

1 telehealth services as defined in Section 356z.22 of this Code.

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

1 therapist, licensed speech-language pathologist, or other
2 licensed or certified professional at a program licensed
3 pursuant to the Illinois Alcoholism and Other Drug Abuse and
4 Dependency Act for a period of not less than 5 years.

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

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

21 (A) schizophrenia;

22 (B) paranoid and other psychotic disorders;

23 (C) bipolar disorders (hypomanic, manic, depressive,
24 and mixed);

25 (D) major depressive disorders (single episode or
26 recurrent);

- 1 (E) schizoaffective disorders (bipolar or depressive);
2 (F) pervasive developmental disorders;
3 (G) obsessive-compulsive disorders;
4 (H) depression in childhood and adolescence;
5 (I) panic disorder;
6 (J) post-traumatic stress disorders (acute, chronic,
7 or with delayed onset); and
8 (K) anorexia nervosa and bulimia nervosa.

9 (2.5) "Substance use disorder" means the following mental
10 disorders as defined in the most current edition of the
11 Diagnostic and Statistical Manual (DSM) published by the
12 American Psychiatric Association:

- 13 (A) substance abuse disorders;
14 (B) substance dependence disorders; and
15 (C) substance induced disorders.

16 (3) Unless otherwise prohibited by federal law and
17 consistent with the parity requirements of Section 370c.1 of
18 this Code, the reimbursing insurer, a provider of treatment of
19 serious mental illness or substance use disorder shall furnish
20 medical 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 timely
23 review by a provider holding the same license and practicing in
24 the same specialty as the patient's provider, who is
25 unaffiliated with the insurer, jointly selected by the patient
26 (or the patient's next of kin or legal representative if the

1 patient is unable to act for himself or herself), the patient's
2 provider, and the insurer in the event of a dispute between the
3 insurer and patient's provider regarding the medical necessity
4 of a treatment proposed by a patient's provider. If the
5 reviewing provider determines the treatment to be medically
6 necessary, the insurer shall provide reimbursement for the
7 treatment. Future contractual or employment actions by the
8 insurer regarding the patient's provider may not be based on
9 the provider's participation in this procedure. Nothing
10 prevents the insured from agreeing in writing to continue
11 treatment at his or her expense. When making a determination of
12 the medical necessity for a treatment modality for serious
13 mental illness or substance use disorder, an insurer must make
14 the determination in a manner that is consistent with the
15 manner used to make that determination with respect to other
16 diseases or illnesses covered under the policy, including an
17 appeals process. Medical necessity determinations for
18 substance use disorders shall be made in accordance with
19 appropriate patient placement criteria established by the
20 American Society of Addiction Medicine.

21 (4) A group health benefit plan amended, delivered, issued,
22 or renewed on or after the effective date of this amendatory
23 Act of the 97th General Assembly:

24 (A) shall provide coverage based upon medical
25 necessity for the treatment of mental illness and substance
26 use disorders consistent with the parity requirements of

1 Section 370c.1 of this Code; provided, however, that in
2 each calendar year coverage shall not be less than the
3 following:

4 (i) 45 days of inpatient treatment; and

5 (ii) beginning on June 26, 2006 (the effective date
6 of Public Act 94-921), 60 visits for outpatient
7 treatment including group and individual outpatient
8 treatment; and

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

16 (B) may not include a lifetime limit on the number of
17 days of inpatient treatment or the number of outpatient
18 visits covered under the plan.

19 (C) (Blank).

20 (5) An issuer of a group health benefit plan may not count
21 toward the number of outpatient visits required to be covered
22 under this Section an outpatient visit for the purpose of
23 medication management and shall cover the outpatient visits
24 under the same terms and conditions as it covers outpatient
25 visits for the treatment of physical illness.

26 (6) An issuer of a group health benefit plan may provide or

1 offer coverage required under this Section through a managed
2 care plan.

3 (7) (Blank).

4 (8) (Blank).

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

10 (c) This Section shall not be interpreted to require
11 coverage for speech therapy or other habilitative services for
12 those individuals covered under Section 356z.15 of this Code.

13 (Source: P.A. 96-328, eff. 8-11-09; 96-1000, eff. 7-2-10;
14 97-437, eff. 8-18-11.)