

99TH GENERAL ASSEMBLY State of Illinois 2015 and 2016 HB0079

by Rep. Lou Lang

SYNOPSIS AS INTRODUCED:

215 ILCS 5/370c.1

Amends the Illinois Insurance Code. Makes a technical change in a Section concerning mental health parity.

LRB099 00258 MGM 20263 b

1 AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

- Section 5. The Illinois Insurance Code is amended by changing Section 370c.1 as follows:
- 6 (215 ILCS 5/370c.1)
- 7 Sec. 370c.1. Mental health parity.
- 8 (a) On and after the the effective date of this amendatory
 9 Act of the 97th General Assembly, every insurer that amends,
 10 delivers, issues, or renews a group policy of accident and
 11 health insurance in this State providing coverage for hospital
 12 or medical treatment and for the treatment of mental,
 13 emotional, nervous, or substance use disorders or conditions
- 14 shall ensure that:
- (1) the financial requirements applicable to such 15 16 mental, emotional, nervous, or substance use disorder or 17 condition benefits are no more restrictive than financial 18 predominant requirements applied 19 substantially all hospital and medical benefits covered by 20 the policy and that there are no separate cost-sharing 21 requirements that are applicable only with respect to 22 mental, emotional, nervous, or substance use disorder or condition benefits; and 2.3

- (2) the treatment limitations applicable to such mental, emotional, nervous, or substance use disorder or condition benefits are no more restrictive than the predominant treatment limitations applied to substantially all hospital and medical benefits covered by the policy and that there are no separate treatment limitations that are applicable only with respect to mental, emotional, nervous, or substance use disorder or condition benefits.
- (b) The following provisions shall apply concerning aggregate lifetime limits:
 - (1) In the case of a group policy of accident and health insurance amended, delivered, issued, or renewed in this State on or after the effective date of this amendatory Act of the 97th General Assembly that provides coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions the following provisions shall apply:
 - (A) if the policy does not include an aggregate lifetime limit on substantially all hospital and medical benefits, then the policy may not impose any aggregate lifetime limit on mental, emotional, nervous, or substance use disorder or condition benefits; or
 - (B) if the policy includes an aggregate lifetime limit on substantially all hospital and medical

benefits (in this subsection referred to as the "applicable lifetime limit"), then the policy shall either:

- (i) apply the applicable lifetime limit both to the hospital and medical benefits to which it otherwise would apply and to mental, emotional, nervous, or substance use disorder or condition benefits and not distinguish in the application of the limit between the hospital and medical benefits and mental, emotional, nervous, or substance use disorder or condition benefits; or
- (ii) not include any aggregate lifetime limit on mental, emotional, nervous, or substance use disorder or condition benefits that is less than the applicable lifetime limit.
- (2) In the case of a policy that is not described in paragraph (1) of subsection (b) of this Section and that includes no or different aggregate lifetime limits on different categories of hospital and medical benefits, the Director shall establish rules under which subparagraph (B) of paragraph (1) of subsection (b) of this Section is applied to such policy with respect to mental, emotional, nervous, or substance use disorder or condition benefits by substituting for the applicable lifetime limit an average aggregate lifetime limit that is computed taking into account the weighted average of the aggregate lifetime

- 1 limits applicable to such categories.
- 2 (c) The following provisions shall apply concerning annual limits:
 - (1) In the case of a group policy of accident and health insurance amended, delivered, issued, or renewed in this State on or after the effective date of this amendatory Act of the 97th General Assembly that provides coverage for hospital or medical treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions the following provisions shall apply:
 - (A) if the policy does not include an annual limit on substantially all hospital and medical benefits, then the policy may not impose any annual limits on mental, emotional, nervous, or substance use disorder or condition benefits; or
 - (B) if the policy includes an annual limit on substantially all hospital and medical benefits (in this subsection referred to as the "applicable annual limit"), then the policy shall either:
 - (i) apply the applicable annual limit both to the hospital and medical benefits to which it otherwise would apply and to mental, emotional, nervous, or substance use disorder or condition benefits and not distinguish in the application of the limit between the hospital and medical

benefits and mental, emotional, nervous, or substance use disorder or condition benefits; or

- (ii) not include any annual limit on mental, emotional, nervous, or substance use disorder or condition benefits that is less than the applicable annual limit.
- (2) In the case of a policy that is not described in paragraph (1) of subsection (c) of this Section and that includes no or different annual limits on different categories of hospital and medical benefits, the Director shall establish rules under which subparagraph (B) of paragraph (1) of subsection (c) of this Section is applied to such policy with respect to mental, emotional, nervous, or substance use disorder or condition benefits by substituting for the applicable annual limit an average annual limit that is computed taking into account the weighted average of the annual limits applicable to such categories.
- (d) This Section shall be interpreted in a manner consistent with the interim final regulations promulgated by the U.S. Department of Health and Human Services at 75 FR 5410, including the prohibition against applying a cumulative financial requirement or cumulative quantitative treatment limitation for mental, emotional, nervous, or substance use disorder benefits that accumulates separately from any cumulative financial requirement or cumulative quantitative

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- 1 treatment limitation established for hospital and medical
 2 benefits in the same classification.
- 3 (e) The provisions of subsections (b) and (c) of this 4 Section shall not be interpreted to allow the use of lifetime 5 or annual limits otherwise prohibited by State or federal law.
- 6 (f) This Section shall not apply to individual health
 7 insurance coverage as defined in Section 5 of the Illinois
 8 Health Insurance Portability and Accountability Act.
 - (g) As used in this Section:
- "Financial requirement" includes deductibles, copayments, coinsurance, and out-of-pocket maximums, but does not include an aggregate lifetime limit or an annual limit subject to subsections (b) and (c).
 - "Treatment limitation" includes limits on benefits based on the frequency of treatment, number of visits, days of coverage, days in a waiting period, or other similar limits on the scope or duration of treatment. "Treatment limitation" includes both quantitative treatment limitations, which are expressed numerically (such as 50 outpatient visits per year), and nonquantitative treatment limitations, which otherwise limit the scope or duration of treatment. A permanent exclusion of all benefits for a particular condition or disorder shall not be considered a treatment limitation.
- 24 (Source: P.A. 97-437, eff. 8-18-11.)