



Sen. Terry Link

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LRB099 19662 RJF 48237 a

1 AMENDMENT TO SENATE BILL 2596

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2596 by replacing  
3 everything after the enacting clause with the following:

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

6 (5 ILCS 375/6.11A)

7 Sec. 6.11A. Physical therapy and occupational therapy.

8 (a) The program of health benefits provided under this Act  
9 shall provide coverage for medically necessary physical  
10 therapy and occupational therapy when that therapy is ordered  
11 for the treatment of autoimmune diseases or referred for the  
12 same purpose by (i) a physician licensed under the Medical  
13 Practice Act of 1987, (ii) a physician's assistant licensed  
14 under the Physician's Assistant Practice Act of 1987, or (iii)  
15 an advanced practice nurse licensed under the Nurse Practice  
16 Act. Physical therapy benefits provided for persons affected by

1 multiple sclerosis shall be governed by the Illinois Essential  
2 Health Benefits plan.

3 (b) For the purpose of this Section, "medically necessary"  
4 means any care, treatment, intervention, service, or item that  
5 will or is reasonably expected to:

6 (i) prevent the onset of an illness, condition, injury,  
7 disease, or disability;

8 (ii) reduce or ameliorate the physical, mental, or  
9 developmental effects of an illness, condition, injury,  
10 disease, or disability; or

11 (iii) assist the achievement or maintenance of maximum  
12 functional activity in performing daily activities.

13 (c) The coverage required under this Section shall be  
14 subject to the same deductible, coinsurance, waiting period,  
15 cost sharing limitation, treatment limitation, calendar year  
16 maximum, or other limitations as provided for other physical or  
17 rehabilitative or occupational therapy benefits covered by the  
18 policy.

19 (d) Upon request of the reimbursing insurer, the provider  
20 of the physical therapy or occupational therapy shall furnish  
21 medical records, clinical notes, or other necessary data that  
22 substantiate that initial or continued treatment is medically  
23 necessary. When treatment is anticipated to require continued  
24 services to achieve demonstrable progress, the insurer may  
25 request a treatment plan consisting of the diagnosis, proposed  
26 treatment by type, proposed frequency of treatment,

1 anticipated duration of treatment, anticipated outcomes stated  
2 as goals, and proposed frequency of updating the treatment  
3 plan.

4 (e) When making a determination of medical necessity for  
5 treatment, an insurer must make the determination in a manner  
6 consistent with the manner in which that determination is made  
7 with respect to other diseases or illnesses covered under the  
8 policy, including an appeals process. During the appeals  
9 process, any challenge to medical necessity may be viewed as  
10 reasonable only if the review includes a licensed health care  
11 professional with the same category of license as the  
12 professional who ordered or referred the service in question  
13 and with expertise in the most current and effective treatment.  
14 (Source: P.A. 96-1227, eff. 1-1-11; 97-604, eff. 8-26-11.)".