



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB5497

Introduced 2/13/2026, by Rep. Laura Faver Dias

SYNOPSIS AS INTRODUCED:

215 ILCS 5/370c.5 new
215 ILCS 124/25.5 new

Amends the Illinois Insurance Code. Provides that any policy of insurance amended, delivered, issued, or renewed on or after January 1, 2027 that provides coverage for emergency services for medical or surgical conditions shall also provide coverage for behavioral health emergency services on coverage terms no more restrictive than those applied to emergency services for medical or surgical conditions. Requires coverage for post-stabilization services. Sets forth provisions concerning behavioral health emergency services parity; coverage of services provided by nonlicensed staff performing under direct supervision; restrictions on prior authorization, utilization review, and cost sharing; reimbursement rates; and rulemaking. Amends the Network Adequacy and Transparency Act. Includes behavioral health emergency services providers in network adequacy determinations under the Act. Establishes provisions concerning rulemaking for the Department of Insurance; behavioral health emergency services requirements for health insurance issuers; and enforcement coordination with specified federal law. Effective January 1, 2027.

LRB104 20224 BAB 33675 b

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 1. Findings. The General Assembly finds that:

5 (1) Individuals experiencing behavioral health
6 emergencies, including mental health and substance use
7 challenges, may face urgent situations that require
8 immediate support to promote safety, stability, and
9 overall well-being for themselves, their families, and
10 their communities.

11 (2) Timely access to a full continuum of behavioral
12 health emergency services, including crisis intervention,
13 stabilization, mobile crisis response, and
14 post-stabilization care, is essential to support recovery,
15 reduce harm, and prevent unnecessary hospitalizations or
16 interactions with law enforcement.

17 (3) Commercial health insurance policies in Illinois
18 generally do not provide coverage for behavioral health
19 emergency services, resulting in the costs of these
20 services being covered primarily by State and federal
21 funds.

22 (4) Evidence demonstrates that mobile crisis response
23 services are more cost-effective than hospitalization and
24 provide more timely, person-centered care by stabilizing

1 individuals in their communities, reducing unnecessary
2 emergency department visits and inpatient admissions, and
3 improving connections to ongoing behavioral health
4 supports.

5 (5) Disparities in coverage, prior authorization
6 requirements, and cost-sharing obligations create barriers
7 that prevent individuals from accessing necessary,
8 life-saving behavioral health services.

9 (6) Commercial insurance policies that provide
10 coverage for emergency medical or surgical services should
11 provide equivalent coverage for behavioral health
12 emergency services to ensure parity and compliance with
13 the Mental Health Parity and Addiction Equity Act.

14 (7) Under widely recognized mobile crisis response
15 models, behavioral health crisis teams often include
16 nonlicensed staff, including peer specialists and
17 individuals with lived experience, working under the
18 direct supervision of licensed clinicians, enabling the
19 team to deliver timely, effective, and community-based
20 crisis services without unnecessary administrative or
21 financial barriers.

22 (8) Ensuring network adequacy, including travel time,
23 distance, and mobile crisis response times consistent with
24 standards established by the Illinois Division of
25 Behavioral Health and Recovery and the Department of
26 Healthcare and Family Services under the Mobile Response

1 and Stabilization Services program, is critical to
2 providing rapid access to behavioral health emergency
3 services.

4 Section 5. The Illinois Insurance Code is amended by
5 adding Section 370c.5 as follows:

6 (215 ILCS 5/370c.5 new)

7 Sec. 370c.5. Behavioral health emergency services.

8 (a) This Section applies to all policies of insurance
9 amended, delivered, issued, or renewed on and after January 1,
10 2027.

11 (b) In this Section, "behavioral health emergency
12 services" means the continuum of services to address crisis
13 intervention, crisis stabilization, and crisis residential
14 treatment needs of those experiencing a mental health or
15 substance use disorder crisis that are wellness, resilience,
16 and recovery oriented.

17 "Behavioral health emergency services" includes, but is
18 not limited to, crisis intervention, including counseling
19 provided by 9-8-8 Suicide and Crisis Lifeline centers, mobile
20 crisis response, crisis de-escalation, crisis receiving and
21 stabilization services, and coordination with health, social,
22 and other services and supports year-round 24-hour
23 availability for up to a 72-hour crisis period.

24 (c) Any policy that provides coverage for emergency

1 services for medical or surgical conditions shall also provide
2 coverage for behavioral health emergency services, on coverage
3 terms no more restrictive than those applied to emergency
4 services for medical or surgical conditions, if any of the
5 following conditions are met:

6 (1) the insured has acute symptoms or distress that
7 would cause a prudent layperson experiencing them to
8 reasonably seek immediate care;

9 (2) a clinical assessment of the insured indicates a
10 behavioral health crisis requiring immediate evaluation or
11 intervention; or

12 (3) the insured is referred, transported, or directed
13 to behavioral health emergency services by a 9-8-8 Suicide
14 and Crisis Lifeline center, emergency medical services,
15 law enforcement, or other crisis responder.

16 Coverage shall not be denied solely because the enrollee
17 is unable to recognize or communicate the need for emergency
18 care.

19 (d) A policy subject to this Section shall provide
20 coverage and reimbursement for post-stabilization services, as
21 required by 42 U.S.C. 300gg-111(a)(3)(C)(ii), and those
22 services shall be covered as behavioral health emergency
23 services under this Section.

24 (e) A health insurance issuer shall cover behavioral
25 health emergency services provided by nonlicensed staff who
26 are performing services under the direct supervision of a

1 fully licensed mental health clinician. Services delivered by
2 such supervised nonlicensed staff shall be billed under the
3 supervising clinician's rendering National Provider
4 Identifier, in accordance with the issuer's credentialing and
5 billing policies and applicable law.

6 (f) Coverage under this Section shall not be conditioned
7 on prior authorization, utilization review, or plan
8 notification and shall not vary based on whether services are
9 provided by a participating or nonparticipating provider or
10 facility, on the licensure category of the provider or
11 facility, or on the location where services are delivered, so
12 long as the services are within the scope of practice under
13 Illinois law.

14 (g) Reimbursement for behavioral health emergency services
15 under this Section shall not be made in an amount less than the
16 applicable reimbursement rate floor established under Section
17 370c.4 of this Code, regardless of network status, and shall
18 adopt applicable Medicaid procedure codes, modifiers, and fee
19 schedules where available to streamline billing and ensure
20 consistency.

21 (h) Notwithstanding any other provision of this Code, a
22 policy subject to this Section shall not impose any
23 deductible, copayment, coinsurance, or other cost-sharing
24 requirement on behavioral health emergency services, including
25 post-stabilization services covered under subsection (d).

26 (i) The Department may adopt rules to implement this

1 Section, including rules regarding enforcement and
2 coordination with federal requirements.

3 Section 10. The Network Adequacy and Transparency Act is
4 amended by adding Section 25.5 as follows:

5 (215 ILCS 124/25.5 new)

6 Sec. 25.5. Behavioral health emergency services network
7 adequacy.

8 (a) This Section applies to an individual or group policy
9 of health insurance coverage with a network plan amended,
10 delivered, issued, or renewed in this State on and after
11 January 1, 2027.

12 (b) For purposes of this Section, "behavioral health
13 emergency services" has the meaning given to that term in
14 Section 370c.4 of the Illinois Insurance Code.

15 (c) Behavioral health emergency services providers,
16 including, but not limited to, mobile crisis response teams
17 and crisis receiving and stabilization providers, shall be
18 included in network adequacy determinations under this Act.

19 (d) The Department shall adopt maximum travel time and
20 distance standards for enrollees to access in-network,
21 facility-based behavioral health emergency services and shall
22 establish maximum response time standards for mobile crisis
23 response teams to reach enrollees in the community. All
24 travel, distance, and response time standards shall be no less

1 stringent than the requirements established by the Illinois
2 Division of Behavioral Health and Recovery and the Department
3 of Healthcare and Family Services under the Mobile Response
4 and Stabilization Services program.

5 (e) A health insurance issuer offering a network plan
6 shall ensure 24-hour-a-day, 7-day-a-week timely access to
7 behavioral health emergency services in each geographic region
8 served by the plan.

9 (f) Enforcement of this Section shall be coordinated with
10 federal requirements under the Paul Wellstone and Pete
11 Domenici Mental Health Parity and Addiction Equity Act of 2008
12 and the No Surprises Act.

13 Section 99. Effective date. This Act takes effect January
14 1, 2027.