



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

SB1587

Introduced 2/26/2021, by Sen. Laura Fine

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356c

from Ch. 73, par. 968c

215 ILCS 5/356z.43 new

Amends the Illinois Insurance Code. In provisions requiring coverage for newborn infants, provides that coverage for congenital defects shall include treatment of cranial facial anomalies. Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed after the effective date of the amendatory Act shall cover charges incurred and services provided for outpatient and inpatient care in conjunction with services that are provided to a covered individual related to the diagnosis and treatment of a congenital anomaly or birth defect. Provides that the required coverage includes any service to functionally improve, repair, or restore any body part involving the cranial facial area that is medically necessary to achieve normal function or appearance. Provides that any coverage provided may be subject to coverage limits, such as pre-authorization or pre-certification, as required by the plan or issuer that are no more restrictive than the predominant treatment limitations applied to substantially all medical and surgical benefits covered by the plan. Provides that the coverage does not apply to a policy that covers only dental care. Defines "treatment". Effective January 1, 2022.

LRB102 13173 BMS 18516 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 5. The Illinois Insurance Code is amended by  
5 changing Section 356c and by adding Section 356z.43 as  
6 follows:

7 (215 ILCS 5/356c) (from Ch. 73, par. 968c)

8 Sec. 356c. (1) No policy of accident and health insurance  
9 providing coverage of hospital expenses or medical expenses or  
10 both on an expense incurred basis which in addition to  
11 covering the insured, also covers members of the insured's  
12 immediate family, shall contain any disclaimer, waiver or  
13 other limitation of coverage relative to the hospital or  
14 medical coverage or insurability of newborn infants from and  
15 after the moment of birth.

16 (2) Each such policy of accident and health insurance  
17 shall contain a provision stating that the accident and health  
18 insurance benefits applicable for children shall be granted  
19 immediately with respect to a newly born child from the moment  
20 of birth. The coverage for newly born children shall include  
21 coverage of illness, injury, congenital defects (including the  
22 treatment of cranial facial anomalies), birth abnormalities  
23 and premature birth.

1           (3) If payment of a specific premium is required to  
2 provide coverage for a child, the policy may require that  
3 notification of birth of a newly born child must be furnished  
4 to the insurer within 31 days after the date of birth in order  
5 to have the coverage continue beyond such 31 day period and may  
6 require payment of the appropriate premium.

7           (4) In the event that no other members of the insured's  
8 immediate family are covered, immediate coverage for the first  
9 newborn infant shall be provided if the insured applies for  
10 dependent's coverage within 31 days of the newborn's birth.  
11 Such coverage shall be contingent upon payment of the  
12 additional premium.

13           (5) The requirements of this Section shall apply, on or  
14 after the sixtieth day following the effective date of this  
15 Section, (a) to all such non-group policies delivered or  
16 issued for delivery, and (b) to all such group policies  
17 delivered, issued for delivery, renewed or amended. The  
18 insurers of such non-group policies in effect on the sixtieth  
19 day following the effective date of this Section shall extend  
20 to owners of said policies, on or before the first policy  
21 anniversary following such date, the opportunity to apply for  
22 the addition to their policies of a provision as set forth in  
23 paragraph (2) above, with, at the option of the insurer,  
24 payment of a premium appropriate thereto.

25           (Source: P.A. 85-220.)

1 (215 ILCS 5/356z.43 new)

2 Sec. 356z.43. Coverage for congenital anomaly or birth  
3 defect.

4 (a) An individual or group policy of accident and health  
5 insurance amended, delivered, issued, or renewed after the  
6 effective date of this amendatory Act of the 102nd General  
7 Assembly shall cover charges incurred and services provided  
8 for outpatient and inpatient care in conjunction with services  
9 that are provided to a covered individual related to the  
10 diagnosis and treatment of a congenital anomaly or birth  
11 defect.

12 (b) Coverage required under this Section includes any  
13 services to functionally improve, repair, or restore a body  
14 part involving the cranial facial area that is medically  
15 necessary to achieve normal function or appearance. Any  
16 coverage provided may be subject to coverage limits, such as  
17 pre-authorization or pre-certification, as required by the  
18 plan or issuer that are no more restrictive than the  
19 predominant treatment limitations applied to substantially all  
20 medical and surgical benefits covered by the plan.

21 (c) As used in this Section, "treatment" includes  
22 inpatient and outpatient care and services performed to  
23 improve or restore body function, or performed to approximate  
24 a normal appearance, due to congenital anomaly or birth defect  
25 involving the cranial facial area and includes treatment to  
26 any and all missing or abnormal body parts, including teeth,

1 oral cavity, and their associated structures, that would  
2 otherwise be provided under the plan or coverage for any other  
3 injury and sickness, up to the age of 26, including:

4 (1) inpatient and outpatient care;

5 (2) reconstructive services and procedures and  
6 complications thereof, including prosthetics and  
7 appliances;

8 (3) adjunctive dental, orthodontic, or prosthodontic  
9 support, including ongoing or subsequent treatment  
10 required to maintain function or approximate a normal  
11 appearance;

12 (4) procedures for secondary conditions and follow-up  
13 treatment; and

14 (5) anesthetics provided by a dentist with a permit  
15 provided under Section 8.1 of the Illinois Dental Practice  
16 Act when performed in conjunction with the treatment  
17 described in this subsection (c).

18 "Treatment" does not include cosmetic surgery performed to  
19 reshape normal facial structure or to improve appearance or  
20 self-esteem.

21 (d) This Section does not apply to a policy that covers  
22 only dental care.

23 Section 99. Effective date. This Act takes effect January  
24 1, 2022.