

93RD GENERAL ASSEMBLY

State of Illinois

2003 and 2004

HB4324

Introduced 02/02/04, by Kathleen A. Ryg

SYNOPSIS AS INTRODUCED:

20 ILCS 1405/1405-35 new 5 ILCS 375/6.11 55 ILCS 5/5-1069.3 65 ILCS 5/10-4-2.3 215 ILCS 5/351B-5 from Ch. 73, par. 963B-5 215 ILCS 5/356z.6 new 215 ILCS 125/4-6.5 215 ILCS 165/10 from Ch. 32, par. 604 30 ILCS 805/8.28 new

Amends the Department of Insurance Law of the Civil Administrative Code of Illinois. Requires the Department of Insurance to conduct a study of the costs and benefits of insurance coverage requirements for the treatment of brain injuries. Requires the Department to report its findings to the General Assembly and the Governor on or before March 1, 2008. Amends the Illinois Insurance Code to require coverage for rehabilitation therapy for brain injuries until December 31, 2008. Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act to require the same coverage under those Acts. Amends the State Mandates Act to require implementation without reimbursement.

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AN ACT in relation to insurance.

2 Be it enacted by the People of the State of Illinois, 3 represented in the General Assembly:

Section 3. The Department of Insurance Law of the Civil
Administrative Code of Illinois is amended by adding Section
1405-35 as follows:

7 (20 ILCS 1405/1405-35 new)

8 Sec. 1405-35. Brain injury coverage study.

(a) The Department of Insurance shall conduct an analysis 9 and study of costs and benefits derived from the implementation 10 of the coverage requirements for treatment of brain injuries 11 established under Section 356z.6 of the Illinois Insurance 12 Code. The study shall cover the years 2005, 2006, and 2007. The 13 14 study shall include an analysis of the effect of the coverage 15 requirements on the cost of insurance and health care, the results of the treatments to patients, any improvements in the 16 care of patients, and any improvements in the quality of life 17 18 of patients.

(b) The Department shall report the results of its study to
 the General Assembly and the Governor on or before March 1,
 2008.

22 Section 5. The State Employees Group Insurance Act of 1971 23 is amended by changing Section 6.11 as follows:

24 (5 ILCS 375/6.11)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of health benefits shall provide the coverage required under Sections 356u, 356w, HB4324

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356x, 356z.2, and 356z.4, and 356z.6 of the Illinois Insurance
 Code. The program of health benefits must comply with Section
 155.37 of the Illinois Insurance Code.

4 (Source: P.A. 92-440, eff. 8-17-01; 92-764, eff. 1-1-03; 5 93-102, eff. 1-1-04.)

6 Section 10. The Counties Code is amended by changing 7 Section 5-1069.3 as follows:

8 (55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county, 9 10 including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the 11 coverage shall include coverage for the post-mastectomy care 12 13 benefits required to be covered by a policy of accident and 14 health insurance under Section 356t and the coverage required 15 under Sections 356u, 356w, and 356x, and 356z.6 of the Illinois Insurance Code. The requirement that health benefits be covered 16 17 as provided in this Section is an exclusive power and function 18 of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home 19 rule county to which this Section applies must comply with 20 every provision of this Section. 21

22 (Source: P.A. 90-7, eff. 6-10-97; 90-741, eff. 1-1-99.)

23 Section 15. The Illinois Municipal Code is amended by 24 changing Section 10-4-2.3 as follows:

25 (65 ILCS 5/10-4-2.3)

26 10-4-2.3. Required health benefits. Sec. Τf а 27 municipality, including a home rule municipality, is а 28 self-insurer for purposes of providing health insurance 29 coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by 30 a policy of accident and health insurance under Section 356t 31 and the coverage required under Sections 356u, 356w, and 356x, 32

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and 356z.6 of the Illinois Insurance Code. The requirement that health benefits be covered as provided in this is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule municipality to which this Section applies must comply with every provision of this Section. (Source: P.A. 90-7, eff. 6-10-97; 90-741, eff. 1-1-99.)

8 Section 20. The Illinois Insurance Code is amended by 9 changing Section 351B-5 and adding Section 356z.6 as follows:

10 (215 ILCS 5/351B-5) (from Ch. 73, par. 963B-5)

Sec. 351B-5. Applicability of other Code provisions. All policies of accident and health insurance issued under this Article shall be subject to the provisions of Sections 356c, subsection (a) of Section 356g, 356h, 356n, <u>356z.6</u>, 367c, 367d, 370, 370a, and 370e of this Code.

16 (Source: P.A. 86-1407; 87-792; 87-1066.)

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(215 ILCS 5/356z.6 new)

18 <u>Sec. 356z.6. Coverage for certain benefits related to brain</u> 19 injury.

(a) A group or individual policy of accident and health 20 21 insurance, a managed care plan, or multiple employer welfare arrangement, that is amended, delivered, issued, or renewed 22 after the effective date of this amendatory Act of the 93rd 23 24 General Assembly may not exclude coverage for cognitive rehabilitation therapy, cognitive communication therapy, 25 neurocognitive therapy and rehabilitation, neurobehavioral, 26 27 neurophysiological, neuropsychological, and 28 psychophysiological testing or treatment, neurofeedback therapy, remediation, post-acute transition services, or 29 30 community reintegration services necessary as a result of and 31 related to an acquired brain injury.

32 (b) Coverage required under this Section may be subject to 33 deductibles, copayments, coinsurance, or annual or maximum HB4324

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1 payment limits that are consistent with deductibles, 2 copayments, coinsurance, and annual or maximum payment limits 3 applicable to other similar coverage under the policy. (c) The Department shall adopt rules as necessary to 4 5 implement this Section. (d) This Section is inoperative after December 31, 2008. 6 7 Section 25. The Health Maintenance Organization Act is amended by changing Section 4-6.5 as follows: 8 9 (215 ILCS 125/4-6.5) Sec. 4-6.5. Required health benefits; Illinois Insurance 10 11 Code requirements. A health maintenance organization is subject to the provisions of Sections 155.37, 356t, 356u, and 12 356z.1, and 356z.6 of the Illinois Insurance Code. 13 (Source: P.A. 92-130, eff. 7-20-01; 92-440, eff. 8-17-01; 14 15 92-651, eff. 7-11-02.) 16 Section 30. The Voluntary Health Services Plans Act is 17 amended by changing Section 10 as follows: (215 ILCS 165/10) (from Ch. 32, par. 604) 18 19 Sec. 10. Application of Insurance Code provisions. Health services plan corporations and all persons interested therein 20 or dealing therewith shall be subject to the provisions of 21 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c, 22 23 149, 155.37, 354, 355.2, 356r, 356t, 356u, 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, <u>356z.5, 356z.6,</u> 367.2, 368a, 401, 24 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) 25 26 and (15) of Section 367 of the Illinois Insurance Code. (Source: P.A. 92-130, eff. 7-20-01; 92-440, eff. 8-17-01; 27 92-651, eff. 7-11-02; 92-764, eff. 1-1-03; 93-102, eff. 1-1-04; 28 93-529, eff. 8-14-03; revised 9-25-03.) 29

30 Section 90. The State Mandates Act is amended by adding 31 Section 8.28 as follows:

1	(30 ILCS 805/8.28 new)
2	Sec. 8.28. Exempt mandate. Notwithstanding Sections 6 and 8
3	of this Act, no reimbursement by the State is required for the
4	implementation of any mandate created by this amendatory Act of
5	the 93rd General Assembly.