

96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 SB1809

Introduced 2/20/2009, by Sen. Linda Holmes

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11 55 ILCS 5/5-1069.3 65 ILCS 5/10-4-2.3 105 ILCS 5/10-22.3f 215 ILCS 5/356z.8 30 ILCS 805/8.33 new

Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code to require coverage for medically necessary preventative physical therapy for insureds diagnosed with multiple sclerosis. Amends the Illinois Insurance Code. In the provisions concerning multiple sclerosis preventative physical therapy, provides a definition for "medically necessary". Amends the State Mandates Act to require implementation without reimbursement.

LRB096 08252 RPM 18359 b

FISCAL NOTE ACT MAY APPLY

STATE MANDATES ACT MAY REQUIRE REIMBURSEMENT 1 AN ACT concerning insurance.

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

- 4 Section 5. The State Employees Group Insurance Act of 1971
- is amended by changing Section 6.11 as follows:
- 6 (5 ILCS 375/6.11)
- 7 (Text of Section before amendment by P.A. 95-958)
- 8 Sec. 6.11. Required health benefits; Illinois Insurance
- 9 Code requirements. The program of health benefits shall provide
- 10 the post-mastectomy care benefits required to be covered by a
- 11 policy of accident and health insurance under Section 356t of
- 12 the Illinois Insurance Code. The program of health benefits
- 13 shall provide the coverage required under Sections 356q.5,
- 14 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.8, 356z.9,
- 356z.10, 356z.13 356z.11, and 356z.14 of the Illinois Insurance
- 16 Code. The program of health benefits must comply with Section
- 17 155.37 of the Illinois Insurance Code.
- 18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 19 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
- 20 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)
- 21 (Text of Section after amendment by P.A. 95-958)
- Sec. 6.11. Required health benefits; Illinois Insurance

- Code requirements. The program of health benefits shall provide 1 2 the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of 3 the Illinois Insurance Code. The program of health benefits 4 5 shall provide the coverage required under Sections 356q.5, 6 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.8, 356z.9, 7 356z.10, 356z.11, and 356z.12, 356z.13 356z.11, and 356z.14 of the Illinois Insurance Code. The program of health benefits 8 9 must comply with Section 155.37 of the Illinois Insurance Code. (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07; 10 11 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 12 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.) 13
- Section 10. The Counties Code is amended by changing Section 5-1069.3 as follows:
- 16 (55 ILCS 5/5-1069.3)
- 17 (Text of Section before amendment by P.A. 95-958)
- Sec. 5-1069.3. Required health benefits. If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.8,

- 356z.9, 356z.10, 356z.13 356z.11, and 356z.14 of the Illinois
- 2 Insurance Code. The requirement that health benefits be covered
- 3 as provided in this Section is an exclusive power and function
- 4 of the State and is a denial and limitation under Article VII,
- 5 Section 6, subsection (h) of the Illinois Constitution. A home
- 6 rule county to which this Section applies must comply with
- 7 every provision of this Section.
- 8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
- 10 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)
- 11 (Text of Section after amendment by P.A. 95-958)
- 12 Sec. 5-1069.3. Required health benefits. If a county,
- including a home rule county, is a self-insurer for purposes of
- 14 providing health insurance coverage for its employees, the
- 15 coverage shall include coverage for the post-mastectomy care
- benefits required to be covered by a policy of accident and
- 17 health insurance under Section 356t and the coverage required
- 18 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.8,
- 19 356z.9, 356z.10, 356z.11, and 356z.12, 356z.13 356z.11, and
- 356z.14 of the Illinois Insurance Code. The requirement that
- 21 health benefits be covered as provided in this Section is an
- 22 exclusive power and function of the State and is a denial and
- 23 limitation under Article VII, Section 6, subsection (h) of the
- 24 Illinois Constitution. A home rule county to which this Section
- applies must comply with every provision of this Section.

- 1 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 2 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
- 3 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
- 4 12-15-08.)
- 5 Section 15. The Illinois Municipal Code is amended by
- 6 changing Section 10-4-2.3 as follows:
- 7 (65 ILCS 5/10-4-2.3)
- 8 (Text of Section before amendment by P.A. 95-958)
- 9 Sec. 10-4-2.3. Required health benefits. If a
- 10 municipality, including a home rule municipality, is a
- 11 self-insurer for purposes of providing health insurance
- 12 coverage for its employees, the coverage shall include coverage
- for the post-mastectomy care benefits required to be covered by
- 14 a policy of accident and health insurance under Section 356t
- and the coverage required under Sections 356g.5, 356u, 356w,
- 16 356x, 356z.6, 356z.8, 356z.9, 356z.10, <u>356z.13</u> 356z.11, and
- 17 356z.14 of the Illinois Insurance Code. The requirement that
- 18 health benefits be covered as provided in this is an exclusive
- 19 power and function of the State and is a denial and limitation
- 20 under Article VII, Section 6, subsection (h) of the Illinois
- 21 Constitution. A home rule municipality to which this Section
- 22 applies must comply with every provision of this Section.
- 23 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 24 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.

- 1 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)
- 2 (Text of Section after amendment by P.A. 95-958)
- 3 Sec. 10-4-2.3. Required health benefits. If a
- 4 municipality, including a home rule municipality, is a
- 5 self-insurer for purposes of providing health insurance
- 6 coverage for its employees, the coverage shall include coverage
- 7 for the post-mastectomy care benefits required to be covered by
- 8 a policy of accident and health insurance under Section 356t
- 9 and the coverage required under Sections 356g.5, 356u, 356w,
- 10 356x, 356z.6, <u>356z.8</u>, 356z.9, 356z.10, 356z.11, and 356z.12,
- 11 356z.13 356z.11, and 356z.14 of the Illinois Insurance Code.
- 12 The requirement that health benefits be covered as provided in
- 13 this is an exclusive power and function of the State and is a
- denial and limitation under Article VII, Section 6, subsection
- 15 (h) of the Illinois Constitution. A home rule municipality to
- which this Section applies must comply with every provision of
- 17 this Section.
- 18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 19 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
- 20 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
- 21 12-15-08.)
- 22 Section 20. The School Code is amended by changing Section
- 10-22.3f as follows:

- 1 (105 ILCS 5/10-22.3f)
- 2 (Text of Section before amendment by P.A. 95-958)
- 3 Sec. 10-22.3f. Required health benefits. Insurance
- 4 protection and benefits for employees shall provide the
- 5 post-mastectomy care benefits required to be covered by a
- 6 policy of accident and health insurance under Section 356t and
- 7 the coverage required under Sections 356g.5, 356u, 356w, 356x,
- 8 356z.6, 356z.8, 356z.9, 356z.13 and 356z.11, and 356z.14 of the
- 9 Illinois Insurance Code.
- 10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 11 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff.
- 12 12-12-08; revised 12-15-08.)
- 13 (Text of Section after amendment by P.A. 95-958)
- 14 Sec. 10-22.3f. Required health benefits. Insurance
- 15 protection and benefits for employees shall provide the
- 16 post-mastectomy care benefits required to be covered by a
- 17 policy of accident and health insurance under Section 356t and
- the coverage required under Sections 356g.5, 356u, 356w, 356x,
- 19 356z.6, 356z.8, 356z.9, 356z.11, and 356z.12, 356z.13 and
- 20 356z.11, and 356z.14 of the Illinois Insurance Code.
- 21 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
- 22 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
- 23 95-1005, 12-12-08; revised 12-15-08.)
- Section 25. The Illinois Insurance Code is amended by

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- 1 changing Section 356z.8 as follows:
- 2 (215 ILCS 5/356z.8)
- 3 Sec. 356z.8. Multiple sclerosis preventative physical therapy.
- 5 (a) A group or individual policy of accident and health
 6 insurance or managed care plan amended, delivered, issued, or
 7 renewed after the effective date of this amendatory Act of the
 8 94th General Assembly must provide coverage for medically
 9 necessary preventative physical therapy for insureds diagnosed
 10 with multiple sclerosis.
- 11 (b) For the purposes of this Section:7
 - "Preventative preventative physical therapy" means physical therapy that is prescribed by a physician licensed to practice medicine in all of its branches for the purpose of treating parts of the body affected by multiple sclerosis, but only where the physical therapy includes reasonably defined goals, including, but not limited to, sustaining the level of function the person has achieved, with periodic evaluation of the efficacy of the physical therapy against those goals. The coverage required under this Section shall be subject to the same deductible, coinsurance, waiting period, cost sharing limitation, treatment limitation, calendar year maximum, or other limitations as provided for other physical or rehabilitative therapy benefits covered by the policy.
- "Medically necessary" means any care, treatment,

- 1 <u>intervention</u>, service, or item that will or is reasonably
- 2 expected to do any of the following: (i) prevent the onset of
- 3 an illness, condition, injury, disease, or disability; (ii)
- 4 reduce or ameliorate the physical, mental, or developmental
- 5 <u>effects</u> of an illness, condition, injury, disease, or
- 6 disability; or (iii) assist in achieving or maintaining maximum
- 7 functional activity in performing daily activities.
- 8 (Source: P.A. 94-1076, eff. 12-29-06.)
- 9 Section 90. The State Mandates Act is amended by adding
- 10 Section 8.33 as follows:
- 11 (30 ILCS 805/8.33 new)
- 12 Sec. 8.33. Exempt mandate. Notwithstanding Sections 6 and 8
- of this Act, no reimbursement by the State is required for the
- implementation of any mandate created by this amendatory Act of
- the 96th General Assembly.
- Section 95. No acceleration or delay. Where this Act makes
- 17 changes in a statute that is represented in this Act by text
- 18 that is not yet or no longer in effect (for example, a Section
- 19 represented by multiple versions), the use of that text does
- 20 not accelerate or delay the taking effect of (i) the changes
- 21 made by this Act or (ii) provisions derived from any other
- 22 Public Act.