



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

нв0070

by Rep. Lou Lang

SYNOPSIS AS INTRODUCED:

215 ILCS 5/370c.1

Amends the Illinois Insurance Code. Makes a technical change in a Section concerning mental health parity.

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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 370c.1 as follows:

6 (215 ILCS 5/370c.1)

Sec. 370c.1. Mental health and addiction parity.

8 (a) On and after the the effective date of this amendatory 9 Act of the 99th General Assembly, every insurer that amends, delivers, issues, or renews a group or individual policy of 10 accident and health insurance or a qualified health plan 11 12 offered through the Health Insurance Marketplace in this State 13 providing coverage for hospital or medical treatment and for 14 the treatment of mental, emotional, nervous, or substance use disorders or conditions shall ensure that: 15

16 (1) the financial requirements applicable to such 17 mental, emotional, nervous, or substance use disorder or condition benefits are no more restrictive than the 18 19 predominant financial requirements applied to 20 substantially all hospital and medical benefits covered by 21 the policy and that there are no separate cost-sharing 22 requirements that are applicable only with respect to mental, emotional, nervous, or substance use disorder or 23

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1 condition benefits; and

2 (2) the treatment limitations applicable to such mental, emotional, nervous, or substance use disorder or 3 condition benefits are no more restrictive than the 4 5 predominant treatment limitations applied to substantially 6 all hospital and medical benefits covered by the policy and 7 that there are no separate treatment limitations that are 8 applicable only with respect to mental, emotional, 9 nervous, or substance use disorder or condition benefits.

10 (b) The following provisions shall apply concerning 11 aggregate lifetime limits:

12 (1) In the case of a group or individual policy of 13 accident and health insurance or a qualified health plan 14 offered through the Health Insurance Marketplace amended, 15 delivered, issued, or renewed in this State on or after the 16 effective date of this amendatory Act of the 99th General 17 Assembly that provides coverage for hospital or medical treatment and for the treatment of mental, emotional, 18 19 nervous, or substance use disorders or conditions the 20 following provisions shall apply:

(A) if the policy does not include an aggregate 21 22 lifetime limit on substantially all hospital and 23 medical benefits, then the policy may not impose any limit 24 aggregate lifetime on mental, emotional, 25 nervous, or substance use disorder or condition 26 benefits; or

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(B) if the policy includes an aggregate lifetime limit on substantially all hospital and medical benefits (in this subsection referred to as the "applicable lifetime limit"), then the policy shall either:

6 (i) apply the applicable lifetime limit both 7 to the hospital and medical benefits to which it 8 otherwise would apply and to mental, emotional, 9 nervous, or substance use disorder or condition 10 benefits and not distinguish in the application of 11 the limit between the hospital and medical 12 benefits and mental, emotional, nervous, or 13 substance use disorder or condition benefits; or

14 (ii) not include any aggregate lifetime limit 15 on mental, emotional, nervous, or substance use 16 disorder or condition benefits that is less than 17 the applicable lifetime limit.

(2) In the case of a policy that is not described in 18 paragraph (1) of subsection (b) of this Section and that 19 20 includes no or different aggregate lifetime limits on 21 different categories of hospital and medical benefits, the 22 Director shall establish rules under which subparagraph 23 (B) of paragraph (1) of subsection (b) of this Section is 24 applied to such policy with respect to mental, emotional, 25 nervous, or substance use disorder or condition benefits by 26 substituting for the applicable lifetime limit an average

aggregate lifetime limit that is computed taking into
 account the weighted average of the aggregate lifetime
 limits applicable to such categories.

4 (c) The following provisions shall apply concerning annual5 limits:

6 (1) In the case of a group or individual policy of 7 accident and health insurance or a qualified health plan offered through the Health Insurance Marketplace amended, 8 9 delivered, issued, or renewed in this State on or after the 10 effective date of this amendatory Act of the 99th General 11 Assembly that provides coverage for hospital or medical 12 treatment and for the treatment of mental, emotional, nervous, or substance use disorders or conditions the 13 14 following provisions shall apply:

(A) if the policy does not include an annual limit
on substantially all hospital and medical benefits,
then the policy may not impose any annual limits on
mental, emotional, nervous, or substance use disorder
or condition benefits; or

20 (B) if the policy includes an annual limit on 21 substantially all hospital and medical benefits (in 22 this subsection referred to as the "applicable annual 23 limit"), then the policy shall either:

(i) apply the applicable annual limit both to
the hospital and medical benefits to which it
otherwise would apply and to mental, emotional,

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nervous, or substance use disorder or condition benefits and not distinguish in the application of the limit between the hospital and medical benefits and mental, emotional, nervous, or substance use disorder or condition benefits; or

6 (ii) not include any annual limit on mental, 7 emotional, nervous, or substance use disorder or 8 condition benefits that is less than the 9 applicable annual limit.

10 (2) In the case of a policy that is not described in 11 paragraph (1) of subsection (c) of this Section and that 12 includes no or different annual limits on different categories of hospital and medical benefits, the Director 13 14 shall establish rules under which subparagraph (B) of 15 paragraph (1) of subsection (c) of this Section is applied 16 to such policy with respect to mental, emotional, nervous, 17 substance use disorder or condition benefits by or substituting for the applicable annual limit an average 18 19 annual limit that is computed taking into account the 20 weighted average of the annual limits applicable to such 21 categories.

(d) With respect to substance use disorders, an insurer shall use policies and procedures for the election and placement of substance abuse treatment drugs on their formulary that are no less favorable to the insured as those policies and procedures the insurer uses for the selection and placement of

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other drugs and shall follow the expedited coverage
 determination requirements for substance abuse treatment drugs
 set forth in Section 45.2 of the Managed Care Reform and
 Patient Rights Act.

5 (e) This Section shall be interpreted in a manner 6 consistent with all applicable federal parity regulations 7 including, but not limited to, the Mental Health Parity and 8 Addiction Equity Act of 2008 at 78 FR 68240.

9 (f) The provisions of subsections (b) and (c) of this 10 Section shall not be interpreted to allow the use of lifetime 11 or annual limits otherwise prohibited by State or federal law.

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(g) As used in this Section:

13 "Financial requirement" includes deductibles, copayments, 14 coinsurance, and out-of-pocket maximums, but does not include 15 an aggregate lifetime limit or an annual limit subject to 16 subsections (b) and (c).

"Treatment limitation" includes limits on benefits based 17 on the frequency of treatment, number of visits, days of 18 19 coverage, days in a waiting period, or other similar limits on 20 the scope or duration of treatment. "Treatment limitation" includes both quantitative treatment limitations, which are 21 22 expressed numerically (such as 50 outpatient visits per year), 23 and nonquantitative treatment limitations, which otherwise limit the scope or duration of treatment. A permanent exclusion 24 25 of all benefits for a particular condition or disorder shall 26 not be considered a treatment limitation. "Nonquantitative

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1 treatment" means those limitations as described under federal 2 regulations (26 CFR 54.9812-1).

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3 (h) The Department of Insurance shall implement the4 following education initiatives:

5 (1) By January 1, 2016, the Department shall develop a 6 plan for a Consumer Education Campaign on parity. The 7 Consumer Education Campaign shall focus its efforts 8 throughout the State and include trainings in the northern, 9 southern, and central regions of the State, as defined by 10 the Department, as well as each of the 5 managed care 11 regions of the State as identified by the Department of 12 Healthcare and Family Services. Under this Consumer 13 Education Campaign, the Department shall: (1) by January 1, 14 2017, provide at least one live training in each region on 15 parity for consumers and providers and one webinar training 16 to be posted on the Department website and (2) establish a 17 consumer hotline to assist consumers in navigating the parity process by March 1, 2016. By January 1, 2018 the 18 19 Department shall issue a report to the General Assembly on 20 the success of the Consumer Education Campaign, which shall 21 indicate whether additional training is necessary or would 22 be recommended.

coordination 23 with (2)The Department, in the 24 Department of Human Services and the Department of Healthcare and Family Services, shall convene a working 25 26 group of health care insurance carriers, mental health

advocacy groups, substance abuse patient advocacy groups, 1 2 and mental health physician groups for the purpose of discussing issues related to the treatment and coverage of 3 substance abuse disorders and mental illness. The working 4 5 group shall meet once before January 1, 2016 and shall meet semiannually thereafter. The Department shall issue an 6 7 annual report to the General Assembly that includes a list 8 of the health care insurance carriers, mental health 9 advocacy groups, substance abuse patient advocacy groups, 10 and mental health physician groups that participated in the 11 working group meetings, details on the issues and topics 12 covered, and any legislative recommendations.

(i) The Parity Education Fund is created as a special fund in the State treasury. Moneys deposited into the Fund for appropriation by the General Assembly to the Department of Insurance shall be used for the purpose of providing financial support of the Consumer Education Campaign.

18 (Source: P.A. 99-480, eff. 9-9-15.)