



Rep. Laura Fine

Filed: 4/12/2017

10000HB1332ham004

LRB100 03040 SMS 25026 a

1 AMENDMENT TO HOUSE BILL 1332

2 AMENDMENT NO. _____. Amend House Bill 1332, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

5 "Section 5. The Illinois Insurance Code is amended by
6 changing Section 370c as follows:

7 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

8 Sec. 370c. Mental and emotional disorders.

9 (a) (1) On and after the effective date of this amendatory
10 Act of the 97th General Assembly, every insurer which amends,
11 delivers, issues, or renews group accident and health policies
12 providing coverage for hospital or medical treatment or
13 services for illness on an expense-incurred basis shall offer
14 to the applicant or group policyholder subject to the insurer's
15 standards of insurability, coverage for reasonable and
16 necessary treatment and services for mental, emotional or

1 nervous disorders or conditions, other than serious mental
2 illnesses as defined in item (2) of subsection (b), consistent
3 with the parity requirements of Section 370c.1 of this Code.

4 (2) Each insured that is covered for mental, emotional,
5 nervous, or substance use disorders or conditions shall be free
6 to select the physician licensed to practice medicine in all
7 its branches, licensed clinical psychologist, licensed
8 clinical social worker, licensed clinical professional
9 counselor, licensed marriage and family therapist, licensed
10 speech-language pathologist, or other licensed or certified
11 professional at a program licensed pursuant to the Illinois
12 Alcoholism and Other Drug Abuse and Dependency Act of his
13 choice to treat such disorders, and the insurer shall pay the
14 covered charges of such physician licensed to practice medicine
15 in all its branches, licensed clinical psychologist, licensed
16 clinical social worker, licensed clinical professional
17 counselor, licensed marriage and family therapist, licensed
18 speech-language pathologist, or other licensed or certified
19 professional at a program licensed pursuant to the Illinois
20 Alcoholism and Other Drug Abuse and Dependency Act up to the
21 limits of coverage, provided (i) the disorder or condition
22 treated is covered by the policy, and (ii) the physician,
23 licensed psychologist, licensed clinical social worker,
24 licensed clinical professional counselor, licensed marriage
25 and family therapist, licensed speech-language pathologist, or
26 other licensed or certified professional at a program licensed

1 pursuant to the Illinois Alcoholism and Other Drug Abuse and
2 Dependency Act is authorized to provide said services under the
3 statutes of this State and in accordance with accepted
4 principles of his profession.

5 (3) Insofar as this Section applies solely to licensed
6 clinical social workers, licensed clinical professional
7 counselors, licensed marriage and family therapists, licensed
8 speech-language pathologists, and other licensed or certified
9 professionals at programs licensed pursuant to the Illinois
10 Alcoholism and Other Drug Abuse and Dependency Act, those
11 persons who may provide services to individuals shall do so
12 after the licensed clinical social worker, licensed clinical
13 professional counselor, licensed marriage and family
14 therapist, licensed speech-language pathologist, or other
15 licensed or certified professional at a program licensed
16 pursuant to the Illinois Alcoholism and Other Drug Abuse and
17 Dependency Act has informed the patient of the desirability of
18 the patient conferring with the patient's primary care
19 physician and the licensed clinical social worker, licensed
20 clinical professional counselor, licensed marriage and family
21 therapist, licensed speech-language pathologist, or other
22 licensed or certified professional at a program licensed
23 pursuant to the Illinois Alcoholism and Other Drug Abuse and
24 Dependency Act has provided written notification to the
25 patient's primary care physician, if any, that services are
26 being provided to the patient. That notification may, however,

1 be waived by the patient on a written form. Those forms shall
2 be retained by the licensed clinical social worker, licensed
3 clinical professional counselor, licensed marriage and family
4 therapist, licensed speech-language pathologist, or other
5 licensed or certified professional at a program licensed
6 pursuant to the Illinois Alcoholism and Other Drug Abuse and
7 Dependency Act for a period of not less than 5 years.

8 (b) (1) An insurer that provides coverage for hospital or
9 medical expenses under a group or individual policy of accident
10 and health insurance or health care plan amended, delivered,
11 issued, or renewed on or after the effective date of this
12 amendatory Act of the 100th General Assembly ~~this amendatory~~
13 ~~Act of the 97th General Assembly~~ shall provide coverage under
14 the policy for treatment of serious mental illness and
15 substance use disorders consistent with the parity
16 requirements of Section 370c.1 of this Code. This subsection
17 does not apply to any group policy of accident and health
18 insurance or health care plan for any plan year of a small
19 employer as defined in Section 5 of the Illinois Health
20 Insurance Portability and Accountability Act.

21 (2) "Serious mental illness" means the following
22 psychiatric illnesses as defined in the most current edition of
23 the Diagnostic and Statistical Manual (DSM) published by the
24 American Psychiatric Association:

25 (A) schizophrenia;

26 (B) paranoid and other psychotic disorders;

1 (C) bipolar disorders (hypomanic, manic, depressive,
2 and mixed);

3 (D) major depressive disorders (single episode or
4 recurrent);

5 (E) schizoaffective disorders (bipolar or depressive);

6 (F) pervasive developmental disorders;

7 (G) obsessive-compulsive disorders;

8 (H) depression in childhood and adolescence;

9 (I) panic disorder;

10 (J) post-traumatic stress disorders (acute, chronic,
11 or with delayed onset); and

12 (K) eating disorders, including, but not limited to,
13 anorexia nervosa, ~~and~~ bulimia nervosa, pica, rumination
14 disorder, avoidant/restrictive food intake disorder, other
15 specified feeding or eating disorder (OSFED), and any other
16 eating disorder contained in the most recent version of the
17 Diagnostic and Statistical Manual of Mental Disorders
18 published by the American Psychiatric Association.

19 (2.5) "Substance use disorder" means the following mental
20 disorders as defined in the most current edition of the
21 Diagnostic and Statistical Manual (DSM) published by the
22 American Psychiatric Association:

23 (A) substance abuse disorders;

24 (B) substance dependence disorders; and

25 (C) substance induced disorders.

26 (3) Unless otherwise prohibited by federal law and

1 consistent with the parity requirements of Section 370c.1 of
2 this Code, the reimbursing insurer, a provider of treatment of
3 serious mental illness or substance use disorder shall furnish
4 medical records or other necessary data that substantiate that
5 initial or continued treatment is at all times medically
6 necessary. An insurer shall provide a mechanism for the timely
7 review by a provider holding the same license and practicing in
8 the same specialty as the patient's provider, who is
9 unaffiliated with the insurer, jointly selected by the patient
10 (or the patient's next of kin or legal representative if the
11 patient is unable to act for himself or herself), the patient's
12 provider, and the insurer in the event of a dispute between the
13 insurer and patient's provider regarding the medical necessity
14 of a treatment proposed by a patient's provider. If the
15 reviewing provider determines the treatment to be medically
16 necessary, the insurer shall provide reimbursement for the
17 treatment. Future contractual or employment actions by the
18 insurer regarding the patient's provider may not be based on
19 the provider's participation in this procedure. Nothing
20 prevents the insured from agreeing in writing to continue
21 treatment at his or her expense. When making a determination of
22 the medical necessity for a treatment modality for serious
23 mental illness or substance use disorder, an insurer must make
24 the determination in a manner that is consistent with the
25 manner used to make that determination with respect to other
26 diseases or illnesses covered under the policy, including an

1 appeals process. Medical necessity determinations for
2 substance use disorders shall be made in accordance with
3 appropriate patient placement criteria established by the
4 American Society of Addiction Medicine. No additional criteria
5 may be used to make medical necessity determinations for
6 substance use disorders.

7 (4) A group health benefit plan amended, delivered, issued,
8 or renewed on or after the effective date of this amendatory
9 Act of the 97th General Assembly:

10 (A) shall provide coverage based upon medical
11 necessity for the treatment of mental illness and substance
12 use disorders consistent with the parity requirements of
13 Section 370c.1 of this Code; provided, however, that in
14 each calendar year coverage shall not be less than the
15 following:

16 (i) 45 days of inpatient treatment; and

17 (ii) beginning on June 26, 2006 (the effective date
18 of Public Act 94-921), 60 visits for outpatient
19 treatment including group and individual outpatient
20 treatment; and

21 (iii) for plans or policies delivered, issued for
22 delivery, renewed, or modified after January 1, 2007
23 (the effective date of Public Act 94-906), 20
24 additional outpatient visits for speech therapy for
25 treatment of pervasive developmental disorders that
26 will be in addition to speech therapy provided pursuant

1 to item (ii) of this subparagraph (A); and

2 (B) may not include a lifetime limit on the number of
3 days of inpatient treatment or the number of outpatient
4 visits covered under the plan.

5 (C) (Blank).

6 (5) An issuer of a group health benefit plan may not count
7 toward the number of outpatient visits required to be covered
8 under this Section an outpatient visit for the purpose of
9 medication management and shall cover the outpatient visits
10 under the same terms and conditions as it covers outpatient
11 visits for the treatment of physical illness.

12 (5.5) An individual or group health benefit plan amended,
13 delivered, issued, or renewed on or after the effective date of
14 this amendatory Act of the 99th General Assembly shall offer
15 coverage for medically necessary acute treatment services and
16 medically necessary clinical stabilization services. The
17 treating provider shall base all treatment recommendations and
18 the health benefit plan shall base all medical necessity
19 determinations for substance use disorders in accordance with
20 the most current edition of the American Society of Addiction
21 Medicine Patient Placement Criteria.

22 As used in this subsection:

23 "Acute treatment services" means 24-hour medically
24 supervised addiction treatment that provides evaluation and
25 withdrawal management and may include biopsychosocial
26 assessment, individual and group counseling, psychoeducational

1 groups, and discharge planning.

2 "Clinical stabilization services" means 24-hour treatment,
3 usually following acute treatment services for substance
4 abuse, which may include intensive education and counseling
5 regarding the nature of addiction and its consequences, relapse
6 prevention, outreach to families and significant others, and
7 aftercare planning for individuals beginning to engage in
8 recovery from addiction.

9 (6) An issuer of a group health benefit plan may provide or
10 offer coverage required under this Section through a managed
11 care plan.

12 (7) (Blank).

13 (8) (Blank).

14 (9) With respect to substance use disorders, coverage for
15 inpatient treatment shall include coverage for treatment in a
16 residential treatment center licensed by the Department of
17 Public Health or the Department of Human Services.

18 (c) This Section shall not be interpreted to require
19 coverage for speech therapy or other rehabilitative services for
20 those individuals covered under Section 356z.15 of this Code.

21 (d) The Department shall enforce the requirements of State
22 and federal parity law, which includes ensuring compliance by
23 individual and group policies; detecting violations of the law
24 by individual and group policies proactively monitoring
25 discriminatory practices; accepting, evaluating, and
26 responding to complaints regarding such violations; and

1 ensuring violations are appropriately remedied and deterred.

2 (e) Availability of plan information.

3 (1) The criteria for medical necessity determinations
4 made under a group health plan with respect to mental
5 health or substance use disorder benefits (or health
6 insurance coverage offered in connection with the plan with
7 respect to such benefits) must be made available by the
8 plan administrator (or the health insurance issuer
9 offering such coverage) to any current or potential
10 participant, beneficiary, or contracting provider upon
11 request.

12 (2) The reason for any denial under a group health plan
13 (or health insurance coverage offered in connection with
14 such plan) of reimbursement or payment for services with
15 respect to mental health or substance use disorder benefits
16 in the case of any participant or beneficiary must be made
17 available within a reasonable time and in a reasonable
18 manner by the plan administrator (or the health insurance
19 issuer offering such coverage) to the participant or
20 beneficiary upon request.

21 (f) As used in this Section, "group policy of accident and
22 health insurance" and "group health benefit plan" includes (1)
23 State-regulated employer-sponsored group health insurance
24 plans written in Illinois and (2) State employee health plans.

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

1 Section 99. Effective date. This Act takes effect upon
2 becoming law.".