

SB0111



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB0111

Introduced 1/23/2019, by Sen. Julie A. Morrison

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.2

Amends the Illinois Insurance Code. In provisions concerning coverage for anesthetics provided in conjunction with dental care to an individual diagnosed with autism spectrum disorder, removes the requirement that anesthetics be provided by a dentist licensed under the Illinois Dental Practice Act and changes the age of the individual that treatment shall be covered to under age 26 (rather than under age 19).

LRB101 04609 SMS 49617 b

A BILL FOR

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 356z.2 as follows:

6 (215 ILCS 5/356z.2)

7 Sec. 356z.2. Coverage for adjunctive services in dental
8 care.

9 (a) An individual or group policy of accident and health
10 insurance amended, delivered, issued, or renewed after January
11 1, 2003 (the effective date of Public Act 92-764) shall cover
12 charges incurred, and anesthetics provided, in conjunction
13 with dental care that is provided to a covered individual in a
14 hospital or an ambulatory surgical treatment center if any of
15 the following applies:

16 (1) the individual is a child age 6 or under;

17 (2) the individual has a medical condition that
18 requires hospitalization or general anesthesia for dental
19 care; or

20 (3) the individual is a person with a disability.

21 (a-5) An individual or group policy of accident and health
22 insurance amended, delivered, issued, or renewed after January
23 1, 2016 (the effective date of Public Act 99-141) shall cover

1 charges incurred, and anesthetics provided ~~by a dentist with a~~
2 ~~permit provided under Section 8.1 of the Illinois Dental~~
3 ~~Practice Act~~, in conjunction with dental care that is provided
4 to a covered individual in a dental office, oral surgeon's
5 office, hospital, or ambulatory surgical treatment center if
6 the individual is under age 26 ~~19~~ and has been diagnosed with
7 an autism spectrum disorder as defined in Section 10 of the
8 Autism Spectrum Disorders Reporting Act or a developmental
9 disability. A covered individual shall be required to make 2
10 visits to the dental care provider prior to accessing other
11 coverage under this subsection.

12 For purposes of this subsection, "developmental
13 disability" means a disability that is attributable to an
14 intellectual disability or a related condition, if the related
15 condition meets all of the following conditions:

16 (1) it is attributable to cerebral palsy, epilepsy, or
17 any other condition, other than mental illness, found to be
18 closely related to an intellectual disability because that
19 condition results in impairment of general intellectual
20 functioning or adaptive behavior similar to that of
21 individuals with an intellectual disability and requires
22 treatment or services similar to those required for those
23 individuals; for purposes of this definition, autism is
24 considered a related condition;

25 (2) it is manifested before the individual reaches age
26 22;

1 (3) it is likely to continue indefinitely; and

2 (4) it results in substantial functional limitations
3 in 3 or more of the following areas of major life activity:
4 self-care, language, learning, mobility, self-direction,
5 and capacity for independent living.

6 (b) For purposes of this Section, "ambulatory surgical
7 treatment center" has the meaning given to that term in Section
8 3 of the Ambulatory Surgical Treatment Center Act.

9 For purposes of this Section, "person with a disability"
10 means a person, regardless of age, with a chronic disability if
11 the chronic disability meets all of the following conditions:

12 (1) It is attributable to a mental or physical
13 impairment or combination of mental and physical
14 impairments.

15 (2) It is likely to continue.

16 (3) It results in substantial functional limitations
17 in one or more of the following areas of major life
18 activity:

19 (A) self-care;

20 (B) receptive and expressive language;

21 (C) learning;

22 (D) mobility;

23 (E) capacity for independent living; or

24 (F) economic self-sufficiency.

25 (c) The coverage required under this Section may be subject
26 to any limitations, exclusions, or cost-sharing provisions

1 that apply generally under the insurance policy.

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

4 (e) Nothing in this Section requires that the dental
5 services be covered.

6 (f) The provisions of this Section do not apply to
7 short-term travel, accident-only, limited, or specified
8 disease policies, nor to policies or contracts designed for
9 issuance to persons eligible for coverage under Title XVIII of
10 the Social Security Act, known as Medicare, or any other
11 similar coverage under State or federal governmental plans.

12 (Source: P.A. 99-141, eff. 1-1-16; 99-143, eff. 7-27-15;
13 99-642, eff. 7-28-16.)