



Rep. Kathleen Willis

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10100SB0659ham004

LRB101 04420 JLS 61314 a

1 AMENDMENT TO SENATE BILL 659

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 659 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 356c and by adding Section 356z.33 as follows:

6 (215 ILCS 5/356c) (from Ch. 73, par. 968c)

7 Sec. 356c. (1) No policy of accident and health insurance  
8 providing coverage of hospital expenses or medical expenses or  
9 both on an expense incurred basis which in addition to covering  
10 the insured, also covers members of the insured's immediate  
11 family, shall contain any disclaimer, waiver or other  
12 limitation of coverage relative to the hospital or medical  
13 coverage or insurability of newborn infants from and after the  
14 moment of birth.

15 (2) Each such policy of accident and health insurance shall  
16 contain a provision stating that the accident and health

1 insurance benefits applicable for children shall be granted  
2 immediately with respect to a newly born child from the moment  
3 of birth. The coverage for newly born children shall include  
4 coverage of illness, injury, congenital defects (including the  
5 treatment of cranial facial anomalies), birth abnormalities  
6 and premature birth.

7 (3) If payment of a specific premium is required to provide  
8 coverage for a child, the policy may require that notification  
9 of birth of a newly born child must be furnished to the insurer  
10 within 31 days after the date of birth in order to have the  
11 coverage continue beyond such 31 day period and may require  
12 payment of the appropriate premium.

13 (4) In the event that no other members of the insured's  
14 immediate family are covered, immediate coverage for the first  
15 newborn infant shall be provided if the insured applies for  
16 dependent's coverage within 31 days of the newborn's birth.  
17 Such coverage shall be contingent upon payment of the  
18 additional premium.

19 (5) The requirements of this Section shall apply, on or  
20 after the sixtieth day following the effective date of this  
21 Section, (a) to all such non-group policies delivered or issued  
22 for delivery, and (b) to all such group policies delivered,  
23 issued for delivery, renewed or amended. The insurers of such  
24 non-group policies in effect on the sixtieth day following the  
25 effective date of this Section shall extend to owners of said  
26 policies, on or before the first policy anniversary following

1 such date, the opportunity to apply for the addition to their  
2 policies of a provision as set forth in paragraph (2) above,  
3 with, at the option of the insurer, payment of a premium  
4 appropriate thereto.

5 (Source: P.A. 85-220.)

6 (215 ILCS 5/356z.33 new)

7 Sec. 356z.33. Coverage for congenital anomaly or birth  
8 defect.

9 (a) An individual or group policy of accident and health  
10 insurance amended, delivered, issued, or renewed after the  
11 effective date of this amendatory Act of the 101st General  
12 Assembly shall cover charges incurred and services provided for  
13 outpatient and inpatient care in conjunction with services that  
14 are provided to a covered individual related to the diagnosis  
15 and treatment of a congenital anomaly or birth defect.

16 (b) Coverage required under this Section includes any  
17 services to functionally improve, repair, or restore a body  
18 part involving the cranial facial area that is medically  
19 necessary to achieve normal function or appearance. Any  
20 coverage provided may be subject to coverage limits, such as  
21 pre-authorization or pre-certification, as required by the  
22 plan or issuer that are no more restrictive than the  
23 predominant treatment limitations applied to substantially all  
24 medical and surgical benefits covered by the plan.

25 (c) As used in this Section, "treatment" includes inpatient

1 and outpatient care and services performed to improve or  
2 restore body function, or performed to approximate a normal  
3 appearance, due to congenital anomaly or birth defect involving  
4 the cranial facial area and includes treatment to any and all  
5 missing or abnormal body parts, including teeth, oral cavity,  
6 and their associated structures, that would otherwise be  
7 provided under the plan or coverage for any other injury and  
8 sickness, up to the age of 26, including:

9 (1) inpatient and outpatient care, reconstructive  
10 services and procedures, and complications thereof,  
11 including prosthetics and appliances;

12 (2) adjunctive dental, orthodontic, or prosthodontic  
13 support, including ongoing or subsequent treatment  
14 required to maintain function or approximate a normal  
15 appearance;

16 (3) procedures for secondary conditions and follow-up  
17 treatment; and

18 (4) anesthetics provided by a dentist with a permit  
19 provided under Section 8.1 of the Illinois Dental Practice  
20 Act when performed in conjunction with the treatment  
21 described in this subsection (c).

22 "Treatment" does not include cosmetic surgery performed to  
23 reshape normal facial structure or to improve appearance or  
24 self-esteem.

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

1           Section 99. Effective date. This Act takes effect January  
2    1, 2020.".