

# SB3832



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

SB3832

Introduced 2/14/2020, by Sen. Melinda Bush

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/370c.1

Amends the Illinois Insurance Code. Provides that a workgroup convened by the Department of Insurance and the Department of Healthcare and Family services shall provide recommendations to the General Assembly on health plan data reporting requirements that separately break out data on mental, emotional, nervous, or substance use disorder or condition benefits and data on other medical benefits no later than June 30, 2020 (rather than December 31, 2019). Effective immediately.

LRB101 20317 BMS 69861 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 370c.1 as follows:

6 (215 ILCS 5/370c.1)

7 Sec. 370c.1. Mental, emotional, nervous, or substance use  
8 disorder or condition parity.

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

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

1 mental, emotional, nervous, or substance use disorder or  
2 condition benefits; and

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

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

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

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

1 benefits; or

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

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

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

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

1 substituting for the applicable lifetime limit an average  
2 aggregate lifetime limit that is computed taking into  
3 account the weighted average of the aggregate lifetime  
4 limits applicable to such categories.

5 (c) The following provisions shall apply concerning annual  
6 limits:

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

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

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

25 (i) apply the applicable annual limit both to  
26 the hospital and medical benefits to which it

1 otherwise would apply and to mental, emotional,  
2 nervous, or substance use disorder or condition  
3 benefits and not distinguish in the application of  
4 the limit between the hospital and medical  
5 benefits and mental, emotional, nervous, or  
6 substance use disorder or condition benefits; or

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

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

23 (d) With respect to mental, emotional, nervous, or  
24 substance use disorders or conditions, an insurer shall use  
25 policies and procedures for the election and placement of  
26 mental, emotional, nervous, or substance use disorder or

1 condition treatment drugs on their formulary that are no less  
2 favorable to the insured as those policies and procedures the  
3 insurer uses for the selection and placement of drugs for  
4 medical or surgical conditions and shall follow the expedited  
5 coverage determination requirements for substance abuse  
6 treatment drugs set forth in Section 45.2 of the Managed Care  
7 Reform and Patient Rights Act.

8 (e) This Section shall be interpreted in a manner  
9 consistent with all applicable federal parity regulations  
10 including, but not limited to, the Paul Wellstone and Pete  
11 Domenici Mental Health Parity and Addiction Equity Act of 2008,  
12 final regulations issued under the Paul Wellstone and Pete  
13 Domenici Mental Health Parity and Addiction Equity Act of 2008  
14 and final regulations applying the Paul Wellstone and Pete  
15 Domenici Mental Health Parity and Addiction Equity Act of 2008  
16 to Medicaid managed care organizations, the Children's Health  
17 Insurance Program, and alternative benefit plans.

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

21 (g) As used in this Section:

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

26 "Mental, emotional, nervous, or substance use disorder or

1 condition" means a condition or disorder that involves a mental  
2 health condition or substance use disorder that falls under any  
3 of the diagnostic categories listed in the mental and  
4 behavioral disorders chapter of the current edition of the  
5 International Classification of Disease or that is listed in  
6 the most recent version of the Diagnostic and Statistical  
7 Manual of Mental Disorders.

8 "Treatment limitation" includes limits on benefits based  
9 on the frequency of treatment, number of visits, days of  
10 coverage, days in a waiting period, or other similar limits on  
11 the scope or duration of treatment. "Treatment limitation"  
12 includes both quantitative treatment limitations, which are  
13 expressed numerically (such as 50 outpatient visits per year),  
14 and nonquantitative treatment limitations, which otherwise  
15 limit the scope or duration of treatment. A permanent exclusion  
16 of all benefits for a particular condition or disorder shall  
17 not be considered a treatment limitation. "Nonquantitative  
18 treatment" means those limitations as described under federal  
19 regulations (26 CFR 54.9812-1). "Nonquantitative treatment  
20 limitations" include, but are not limited to, those limitations  
21 described under federal regulations 26 CFR 54.9812-1, 29 CFR  
22 2590.712, and 45 CFR 146.136.

23 (h) The Department of Insurance shall implement the  
24 following education initiatives:

25 (1) By January 1, 2016, the Department shall develop a  
26 plan for a Consumer Education Campaign on parity. The



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

17 (2) The Department, in coordination with the  
18 Department of Human Services and the Department of  
19 Healthcare and Family Services, shall convene a working  
20 group of health care insurance carriers, mental health  
21 advocacy groups, substance abuse patient advocacy groups,  
22 and mental health physician groups for the purpose of  
23 discussing issues related to the treatment and coverage of  
24 mental, emotional, nervous, or substance use disorders or  
25 conditions and compliance with parity obligations under  
26 State and federal law. Compliance shall be measured,

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

12 (3) Not later than August 1 of each year, the  
13 Department, in conjunction with the Department of  
14 Healthcare and Family Services, shall issue a joint report  
15 to the General Assembly and provide an educational  
16 presentation to the General Assembly. The report and  
17 presentation shall:

18 (A) Cover the methodology the Departments use to  
19 check for compliance with the federal Paul Wellstone  
20 and Pete Domenici Mental Health Parity and Addiction  
21 Equity Act of 2008, 42 U.S.C. 18031(j), and any federal  
22 regulations or guidance relating to the compliance and  
23 oversight of the federal Paul Wellstone and Pete  
24 Domenici Mental Health Parity and Addiction Equity Act  
25 of 2008 and 42 U.S.C. 18031(j).

26 (B) Cover the methodology the Departments use to

1 check for compliance with this Section and Sections  
2 356z.23 and 370c of this Code.

3 (C) Identify market conduct examinations or, in  
4 the case of the Department of Healthcare and Family  
5 Services, audits conducted or completed during the  
6 preceding 12-month period regarding compliance with  
7 parity in mental, emotional, nervous, and substance  
8 use disorder or condition benefits under State and  
9 federal laws and summarize the results of such market  
10 conduct examinations and audits. This shall include:

11 (i) the number of market conduct examinations  
12 and audits initiated and completed;

13 (ii) the benefit classifications examined by  
14 each market conduct examination and audit;

15 (iii) the subject matter of each market  
16 conduct examination and audit, including  
17 quantitative and nonquantitative treatment  
18 limitations; and

19 (iv) a summary of the basis for the final  
20 decision rendered in each market conduct  
21 examination and audit.

22 Individually identifiable information shall be  
23 excluded from the reports consistent with federal  
24 privacy protections.

25 (D) Detail any educational or corrective actions  
26 the Departments have taken to ensure compliance with

1 the federal Paul Wellstone and Pete Domenici Mental  
2 Health Parity and Addiction Equity Act of 2008, 42  
3 U.S.C. 18031(j), this Section, and Sections 356z.23  
4 and 370c of this Code.

5 (E) The report must be written in non-technical,  
6 readily understandable language and shall be made  
7 available to the public by, among such other means as  
8 the Departments find appropriate, posting the report  
9 on the Departments' websites.

10 (i) The Parity Advancement Fund is created as a special  
11 fund in the State treasury. Moneys from fines and penalties  
12 collected from insurers for violations of this Section shall be  
13 deposited into the Fund. Moneys deposited into the Fund for  
14 appropriation by the General Assembly to the Department shall  
15 be used for the purpose of providing financial support of the  
16 Consumer Education Campaign, parity compliance advocacy, and  
17 other initiatives that support parity implementation and  
18 enforcement on behalf of consumers.

19 (j) The Department of Insurance and the Department of  
20 Healthcare and Family Services shall convene and provide  
21 technical support to a workgroup of 11 members that shall be  
22 comprised of 3 mental health parity experts recommended by an  
23 organization advocating on behalf of mental health parity  
24 appointed by the President of the Senate; 3 behavioral health  
25 providers recommended by an organization that represents  
26 behavioral health providers appointed by the Speaker of the

1 House of Representatives; 2 representing Medicaid managed care  
2 organizations recommended by an organization that represents  
3 Medicaid managed care plans appointed by the Minority Leader of  
4 the House of Representatives; 2 representing commercial  
5 insurers recommended by an organization that represents  
6 insurers appointed by the Minority Leader of the Senate; and a  
7 representative of an organization that represents Medicaid  
8 managed care plans appointed by the Governor.

9 The workgroup shall provide recommendations to the General  
10 Assembly on health plan data reporting requirements that  
11 separately break out data on mental, emotional, nervous, or  
12 substance use disorder or condition benefits and data on other  
13 medical benefits, including physical health and related health  
14 services no later than June 30, 2020 ~~December 31, 2019~~. The  
15 recommendations to the General Assembly shall be filed with the  
16 Clerk of the House of Representatives and the Secretary of the  
17 Senate in electronic form only, in the manner that the Clerk  
18 and the Secretary shall direct. This workgroup shall take into  
19 account federal requirements and recommendations on mental  
20 health parity reporting for the Medicaid program. This  
21 workgroup shall also develop the format and provide any needed  
22 definitions for reporting requirements in subsection (k). The  
23 research and evaluation of the working group shall include, but  
24 not be limited to:

- 25 (1) claims denials due to benefit limits, if  
26 applicable;

- 1 (2) administrative denials for no prior authorization;
- 2 (3) denials due to not meeting medical necessity;
- 3 (4) denials that went to external review and whether
- 4 they were upheld or overturned for medical necessity;
- 5 (5) out-of-network claims;
- 6 (6) emergency care claims;
- 7 (7) network directory providers in the outpatient
- 8 benefits classification who filed no claims in the last 6
- 9 months, if applicable;
- 10 (8) the impact of existing and pertinent limitations
- 11 and restrictions related to approved services, licensed
- 12 providers, reimbursement levels, and reimbursement
- 13 methodologies within the Division of Mental Health, the
- 14 Division of Substance Use Prevention and Recovery
- 15 programs, the Department of Healthcare and Family
- 16 Services, and, to the extent possible, federal regulations
- 17 and law; and
- 18 (9) when reporting and publishing should begin.

19 Representatives from the Department of Healthcare and  
20 Family Services, representatives from the Division of Mental  
21 Health, and representatives from the Division of Substance Use  
22 Prevention and Recovery shall provide technical advice to the  
23 workgroup.

24 (k) An insurer that amends, delivers, issues, or renews a  
25 group or individual policy of accident and health insurance or  
26 a qualified health plan offered through the health insurance

1 marketplace in this State providing coverage for hospital or  
2 medical treatment and for the treatment of mental, emotional,  
3 nervous, or substance use disorders or conditions shall submit  
4 an annual report, the format and definitions for which will be  
5 developed by the workgroup in subsection (j), to the  
6 Department, or, with respect to medical assistance, the  
7 Department of Healthcare and Family Services starting on or  
8 before July 1, 2020 that contains the following information  
9 separately for inpatient in-network benefits, inpatient  
10 out-of-network benefits, outpatient in-network benefits,  
11 outpatient out-of-network benefits, emergency care benefits,  
12 and prescription drug benefits in the case of accident and  
13 health insurance or qualified health plans, or inpatient,  
14 outpatient, emergency care, and prescription drug benefits in  
15 the case of medical assistance:

16 (1) A summary of the plan's pharmacy management  
17 processes for mental, emotional, nervous, or substance use  
18 disorder or condition benefits compared to those for other  
19 medical benefits.

20 (2) A summary of the internal processes of review for  
21 experimental benefits and unproven technology for mental,  
22 emotional, nervous, or substance use disorder or condition  
23 benefits and those for other medical benefits.

24 (3) A summary of how the plan's policies and procedures  
25 for utilization management for mental, emotional, nervous,  
26 or substance use disorder or condition benefits compare to

1 those for other medical benefits.

2 (4) A description of the process used to develop or  
3 select the medical necessity criteria for mental,  
4 emotional, nervous, or substance use disorder or condition  
5 benefits and the process used to develop or select the  
6 medical necessity criteria for medical and surgical  
7 benefits.

8 (5) Identification of all nonquantitative treatment  
9 limitations that are applied to both mental, emotional,  
10 nervous, or substance use disorder or condition benefits  
11 and medical and surgical benefits within each  
12 classification of benefits.

13 (6) The results of an analysis that demonstrates that  
14 for the medical necessity criteria described in  
15 subparagraph (A) and for each nonquantitative treatment  
16 limitation identified in subparagraph (B), as written and  
17 in operation, the processes, strategies, evidentiary  
18 standards, or other factors used in applying the medical  
19 necessity criteria and each nonquantitative treatment  
20 limitation to mental, emotional, nervous, or substance use  
21 disorder or condition benefits within each classification  
22 of benefits are comparable to, and are applied no more  
23 stringently than, the processes, strategies, evidentiary  
24 standards, or other factors used in applying the medical  
25 necessity criteria and each nonquantitative treatment  
26 limitation to medical and surgical benefits within the



1 corresponding classification of benefits; at a minimum,  
2 the results of the analysis shall:

3 (A) identify the factors used to determine that a  
4 nonquantitative treatment limitation applies to a  
5 benefit, including factors that were considered but  
6 rejected;

7 (B) identify and define the specific evidentiary  
8 standards used to define the factors and any other  
9 evidence relied upon in designing each nonquantitative  
10 treatment limitation;

11 (C) provide the comparative analyses, including  
12 the results of the analyses, performed to determine  
13 that the processes and strategies used to design each  
14 nonquantitative treatment limitation, as written, for  
15 mental, emotional, nervous, or substance use disorder  
16 or condition benefits are comparable to, and are  
17 applied no more stringently than, the processes and  
18 strategies used to design each nonquantitative  
19 treatment limitation, as written, for medical and  
20 surgical benefits;

21 (D) provide the comparative analyses, including  
22 the results of the analyses, performed to determine  
23 that the processes and strategies used to apply each  
24 nonquantitative treatment limitation, in operation,  
25 for mental, emotional, nervous, or substance use  
26 disorder or condition benefits are comparable to, and

1 applied no more stringently than, the processes or  
2 strategies used to apply each nonquantitative  
3 treatment limitation, in operation, for medical and  
4 surgical benefits; and

5 (E) disclose the specific findings and conclusions  
6 reached by the insurer that the results of the analyses  
7 described in subparagraphs (C) and (D) indicate that  
8 the insurer is in compliance with this Section and the  
9 Mental Health Parity and Addiction Equity Act of 2008  
10 and its implementing regulations, which includes 42  
11 CFR Parts 438, 440, and 457 and 45 CFR 146.136 and any  
12 other related federal regulations found in the Code of  
13 Federal Regulations.

14 (7) Any other information necessary to clarify data  
15 provided in accordance with this Section requested by the  
16 Director, including information that may be proprietary or  
17 have commercial value, under the requirements of Section 30  
18 of the Viatical Settlements Act of 2009.

19 (1) An insurer that amends, delivers, issues, or renews a  
20 group or individual policy of accident and health insurance or  
21 a qualified health plan offered through the health insurance  
22 marketplace in this State providing coverage for hospital or  
23 medical treatment and for the treatment of mental, emotional,  
24 nervous, or substance use disorders or conditions on or after  
25 the effective date of this amendatory Act of the 100th General  
26 Assembly shall, in advance of the plan year, make available to

1 the Department or, with respect to medical assistance, the  
2 Department of Healthcare and Family Services and to all plan  
3 participants and beneficiaries the information required in  
4 subparagraphs (C) through (E) of paragraph (6) of subsection  
5 (k). For plan participants and medical assistance  
6 beneficiaries, the information required in subparagraphs (C)  
7 through (E) of paragraph (6) of subsection (k) shall be made  
8 available on a publicly-available website whose web address is  
9 prominently displayed in plan and managed care organization  
10 informational and marketing materials.

11 (m) In conjunction with its compliance examination program  
12 conducted in accordance with the Illinois State Auditing Act,  
13 the Auditor General shall undertake a review of compliance by  
14 the Department and the Department of Healthcare and Family  
15 Services with Section 370c and this Section. Any findings  
16 resulting from the review conducted under this Section shall be  
17 included in the applicable State agency's compliance  
18 examination report. Each compliance examination report shall  
19 be issued in accordance with Section 3-14 of the Illinois State  
20 Auditing Act. A copy of each report shall also be delivered to  
21 the head of the applicable State agency and posted on the  
22 Auditor General's website.

23 (Source: P.A. 99-480, eff. 9-9-15; 100-1024, eff. 1-1-19.)

24 Section 99. Effective date. This Act takes effect upon  
25 becoming law.