



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB4483

Introduced 1/21/2022, by Rep. Stephanie A. Kifowit

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.53 new

Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2023 shall for each plan year provide coverage for and shall not impose any cost-sharing requirements for 3 primary care visits and 3 behavioral health care visits. Provides that a health insurer shall ensure that the treatment limitations applicable to the health care visits are no more restrictive than the treatment limitations applied to any other primary care visit or behavioral health care visit covered by the plan or coverage and that there are no separate treatment limitations that are applicable only with respect to the covered visits, and that the reimbursement rates under the plan or coverage for the covered visits are the same as the rates for any other primary care visit or behavioral health care visit covered by the plan or coverage.

LRB102 22103 BMS 31231 b

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 adding Section 356z.53 as follows:

6 (215 ILCS 5/356z.53 new)

7 Sec. 356z.53. Health care visits; cost sharing.

8 (a) A group or individual policy of accident and health  
9 insurance that is amended, delivered, issued, or renewed on or  
10 after January 1, 2023 shall for each plan year provide  
11 coverage for and shall not impose any cost-sharing  
12 requirements for:

13 (1) 3 primary care visits; and

14 (2) 3 behavioral health care visits.

15 (b) A health insurer shall ensure that:

16 (1) the treatment limitations applicable to the health  
17 care visits described in subsection (a) are no more  
18 restrictive than the treatment limitations applied to any  
19 other primary care visit or behavioral health care visit  
20 covered by the plan or coverage and that there are no  
21 separate treatment limitations that are applicable only  
22 with respect to the health care visits described in  
23 subsection (a); and

1           (2) the reimbursement rates under the plan or the  
2           coverage for the health care visits described in  
3           subsection (a) are the same as the rates for any other  
4           primary care visit or behavioral health care visit covered  
5           by the plan or coverage.