

1 AN ACT concerning insurance.

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 Sections 356z.16 and 364.01 as follows:

6 (215 ILCS 5/356z.16)

7 Sec. 356z.16. Applicability of mandated benefits to
8 supplemental policies. Unless specified otherwise, the
9 following Sections of the Illinois Insurance Code do not apply
10 to short-term travel, disability income, long-term care,
11 accident only, or limited or specified disease policies: 356b,
12 356c, 356d, 356g, 356k, 356m, 356n, 356p, 356q, 356r, 356t,
13 356u, 356w, 356x, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
14 356z.8, 356z.12, 364.01, 367.2-5, and 367e.

15 (Source: P.A. 96-180, eff. 1-1-10; 96-1000, eff. 7-2-10;
16 96-1034, eff. 1-1-11.)

17 (215 ILCS 5/364.01)

18 Sec. 364.01. Qualified clinical cancer trials.

19 (a) No individual or group policy of accident and health
20 insurance issued or renewed in this State may be cancelled or
21 non-renewed for any individual based on that individual's
22 participation in a qualified clinical cancer trial.

1 (b) Qualified clinical cancer trials must meet the
2 following criteria:

3 (1) the effectiveness of the treatment has not been
4 determined relative to established therapies;

5 (2) the trial is under clinical investigation as part
6 of an approved cancer research trial in Phase II, Phase
7 III, or Phase IV of investigation;

8 (3) the trial is:

9 (A) approved by the Food and Drug Administration;

10 or

11 (B) approved and funded by the National Institutes
12 of Health, the Centers for Disease Control and
13 Prevention, the Agency for Healthcare Research and
14 Quality, the United States Department of Defense, the
15 United States Department of Veterans Affairs, or the
16 United States Department of Energy in the form of an
17 investigational new drug application, or a cooperative
18 group or center of any entity described in this
19 subdivision (B); and

20 (4) the patient's primary care physician, if any, is
21 involved in the coordination of care.

22 (c) No group policy of accident and health insurance shall
23 exclude coverage for any routine patient care administered to
24 an insured who is a qualified individual participating in a
25 qualified clinical cancer trial, if the policy covers that same
26 routine patient care of insureds not enrolled in a qualified

1 clinical cancer trial.

2 (d) The coverage that may not be excluded under subsection
3 (c) of this Section is subject to all terms, conditions,
4 restrictions, exclusions, and limitations that apply to the
5 same routine patient care received by an insured not enrolled
6 in a qualified clinical cancer trial, including the application
7 of any authorization requirement, utilization review, or
8 medical management practices. The insured or enrollee shall
9 incur no greater out-of-pocket liability than had the insured
10 or enrollee not enrolled in a qualified clinical cancer trial.

11 (e) If the group policy of accident and health insurance
12 uses a preferred provider program and a preferred provider
13 provides routine patient care in connection with a qualified
14 clinical cancer trial, then the insurer may require the insured
15 to use the preferred provider if the preferred provider agrees
16 to provide to the insured that routine patient care.

17 (f) A qualified clinical cancer trial may not pay or refuse
18 to pay for routine patient care of an individual participating
19 in the trial, based in whole or in part on the person's having
20 or not having coverage for routine patient care under a group
21 policy of accident and health insurance.

22 (g) Nothing in this Section shall be construed to limit an
23 insurer's coverage with respect to clinical trials.

24 (h) Nothing in this Section shall require coverage for
25 out-of-network services where the underlying health benefit
26 plan does not provide coverage for out-of-network services.

1 (i) As used in this Section, "routine patient care" means
2 all health care services provided in the qualified clinical
3 cancer trial that are otherwise generally covered under the
4 policy if those items or services were not provided in
5 connection with a qualified clinical cancer trial consistent
6 with the standard of care for the treatment of cancer,
7 including the type and frequency of any diagnostic modality,
8 that a provider typically provides to a cancer patient who is
9 not enrolled in a qualified clinical cancer trial. "Routine
10 patient care" does not include, and a group policy of accident
11 and health insurance may exclude, coverage for:

12 (1) a health care service, item, or drug that is the
13 subject of the cancer clinical trial;

14 (2) a health care service, item, or drug provided
15 solely to satisfy data collection and analysis needs for
16 the qualified clinical cancer trial that is not used in the
17 direct clinical management of the patient;

18 (3) an investigational drug or device that has not been
19 approved for market by the United States Food and Drug
20 Administration;

21 (4) transportation, lodging, food, or other expenses
22 for the patient or a family member or companion of the
23 patient that are associated with the travel to or from a
24 facility providing the qualified clinical cancer trial,
25 unless the policy covers these expenses for a cancer
26 patient who is not enrolled in a qualified clinical cancer

1 trial;

2 (5) a health care service, item, or drug customarily
3 provided by the qualified clinical cancer trial sponsors
4 free of charge for any patient;

5 (6) a health care service or item, which except for the
6 fact that it is being provided in a qualified clinical
7 cancer trial, is otherwise specifically excluded from
8 coverage under the insured's policy, including:

9 (A) costs of extra treatments, services,
10 procedures, tests, or drugs that would not be performed
11 or administered except for the fact that the insured is
12 participating in the cancer clinical trial; and

13 (B) costs of nonhealth care services that the
14 patient is required to receive as a result of
15 participation in the approved cancer clinical trial;

16 (7) costs for services, items, or drugs that are
17 eligible for reimbursement from a source other than a
18 patient's contract or policy providing for third-party
19 payment or prepayment of health or medical expenses,
20 including the sponsor of the approved cancer clinical
21 trial; or

22 (8) costs associated with approved cancer clinical
23 trials designed exclusively to test toxicity or disease
24 pathophysiology, unless the policy covers these expenses
25 for a cancer patient who is not enrolled in a qualified
26 clinical cancer trial; or

1 (9) a health care service or item that is eligible for
2 reimbursement by a source other than the insured's policy,
3 including the sponsor of the qualified clinical cancer
4 trial.

5 The definitions of the terms "health care services",
6 "Non-Preferred Provider", "Preferred Provider", and "Preferred
7 Provider Program", stated in 50 IL Adm. Code Part 2051
8 Preferred Provider Programs apply to these terms in this
9 Section.

10 (j) The external review procedures established under the
11 Health Carrier External Review Act shall apply to the
12 provisions under this Section.

13 (Source: P.A. 93-1000, eff. 1-1-05.)

14 Section 99. Effective date. This Act takes effect January
15 1, 2012.