



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB2065

Introduced 2/22/2011, by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11
55 ILCS 5/5-1069.3
65 ILCS 5/10-4-2.3
215 ILCS 5/356z.19 new
305 ILCS 5/5-16.8
410 ILCS 50/2.04 from Ch. 111 1/2, par. 5402.04
410 ILCS 50/5
410 ILCS 50/5.1 new
410 ILCS 50/5.2 new

Amends the State Employees Group Insurance Act of 1971, Counties Code, Illinois Municipal Code, Illinois Public Aid Code, and Illinois Insurance Code to provide that accident and health insurance policies and managed care plans shall cover all services ordered by a physician and provided in a hospital that are considered medically necessary. Amends the Medical Patient Rights Act. Includes limited health service organizations and voluntary health services plan in the definition of "insurance company". In the provision concerning statement of hospital patient's rights, provides that the statement shall include the right not to be discriminated against by the hospital due to the patient's race, color, or national origin. Sets forth provisions concerning discrimination grievance procedures and emergency room antidiscrimination notices. Effective immediately.

LRB097 06660 RPM 46746 b

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 State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall provide
9 the post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t of
11 the Illinois Insurance Code. The program of health benefits
12 shall provide the coverage required under Sections 356g,
13 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
15 356z.14, 356z.15, ~~and 356z.17,~~ and 356z.19 of the Illinois
16 Insurance Code. The program of health benefits must comply with
17 Section 155.37 of the Illinois Insurance Code.

18 Rulemaking authority to implement Public Act 95-1045, if
19 any, is conditioned on the rules being adopted in accordance
20 with all provisions of the Illinois Administrative Procedure
21 Act and all rules and procedures of the Joint Committee on
22 Administrative Rules; any purported rule not so adopted, for
23 whatever reason, is unauthorized.

1 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
2 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
3 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; 95-1044,
4 eff. 3-26-09; 95-1045, eff. 3-27-09; 95-1049, eff. 1-1-10;
5 96-139, eff. 1-1-10; 96-328, eff. 8-11-09; 96-639, eff. 1-1-10;
6 96-1000, eff. 7-2-10.)

7 Section 10. The Counties Code is amended by changing
8 Section 5-1069.3 as follows:

9 (55 ILCS 5/5-1069.3)

10 Sec. 5-1069.3. Required health benefits. If a county,
11 including a home rule county, is a self-insurer for purposes of
12 providing health insurance coverage for its employees, the
13 coverage shall include coverage for the post-mastectomy care
14 benefits required to be covered by a policy of accident and
15 health insurance under Section 356t and the coverage required
16 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
17 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
18 356z.14, ~~and~~ 356z.15, and 356z.19 of the Illinois Insurance
19 Code. The requirement that health benefits be covered as
20 provided in this Section is an exclusive power and function of
21 the State and is a denial and limitation under Article VII,
22 Section 6, subsection (h) of the Illinois Constitution. A home
23 rule county to which this Section applies must comply with
24 every provision of this Section.

1 Rulemaking authority to implement Public Act 95-1045, if
2 any, is conditioned on the rules being adopted in accordance
3 with all provisions of the Illinois Administrative Procedure
4 Act and all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
8 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
9 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; 95-1045,
10 eff. 3-27-09; 95-1049, eff. 1-1-10; 96-139, eff. 1-1-10;
11 96-328, eff. 8-11-09; 96-1000, eff. 7-2-10.)

12 Section 15. The Illinois Municipal Code is amended by
13 changing Section 10-4-2.3 as follows:

14 (65 ILCS 5/10-4-2.3)

15 Sec. 10-4-2.3. Required health benefits. If a
16 municipality, including a home rule municipality, is a
17 self-insurer for purposes of providing health insurance
18 coverage for its employees, the coverage shall include coverage
19 for the post-mastectomy care benefits required to be covered by
20 a policy of accident and health insurance under Section 356t
21 and the coverage required under Sections 356g, 356g.5,
22 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
23 356z.11, 356z.12, 356z.13, 356z.14, ~~and~~ 356z.15, and 356z.19 of
24 the Illinois Insurance Code. The requirement that health

1 benefits be covered as provided in this is an exclusive power
2 and function of the State and is a denial and limitation under
3 Article VII, Section 6, subsection (h) of the Illinois
4 Constitution. A home rule municipality to which this Section
5 applies must comply with every provision of this Section.

6 Rulemaking authority to implement Public Act 95-1045, if
7 any, is conditioned on the rules being adopted in accordance
8 with all provisions of the Illinois Administrative Procedure
9 Act and all rules and procedures of the Joint Committee on
10 Administrative Rules; any purported rule not so adopted, for
11 whatever reason, is unauthorized.

12 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
13 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
14 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; 95-1045,
15 eff. 3-27-09; 95-1049, eff. 1-1-10; 96-139, eff. 1-1-10;
16 96-328, eff. 8-11-09; 96-1000, eff. 7-2-10.)

17 Section 20. The Illinois Insurance Code is amended by
18 adding Section 356z.19 as follows:

19 (215 ILCS 5/356z.19 new)

20 Sec. 356z.19. Hospital patient assessments. A group or
21 individual policy of accident and health insurance or managed
22 care plan amended, delivered, issued, or renewed after the
23 effective date of this amendatory Act of the 97th General
24 Assembly that provides coverage for hospital care shall include

1 in that coverage all services ordered by a physician and
2 provided in the hospital that are considered medically
3 necessary for the evaluation, assessment, and diagnosis of the
4 illness or condition that resulted in the hospital stay of the
5 enrollee or recipient. The services are subject to reasonable
6 review and utilization standards required by the policy or plan
7 for all hospital services, as defined by the Department or its
8 successor agency.

9 Section 25. The Illinois Public Aid Code is amended by
10 changing Section 5-16.8 as follows:

11 (305 ILCS 5/5-16.8)

12 Sec. 5-16.8. Required health benefits. The medical
13 assistance program shall (i) provide the post-mastectomy care
14 benefits required to be covered by a policy of accident and
15 health insurance under Section 356t and the coverage required
16 under Sections 356g.5, 356u, 356w, 356x, ~~and~~ 356z.6, and
17 356z.19 of the Illinois Insurance Code and (ii) be subject to
18 the provisions of Section 364.01 of the Illinois Insurance
19 Code.

20 (Source: P.A. 95-189, eff. 8-16-07; 95-331, eff. 8-21-07.)

21 Section 30. The Medical Patient Rights Act is amended by
22 changing Sections 2.04 and 5 and adding Sections 5.1 and 5.2 as
23 follows:

1 (410 ILCS 50/2.04) (from Ch. 111 1/2, par. 5402.04)
2 Sec. 2.04. "Insurance company" means (1) an insurance
3 company, fraternal benefit society, and any other insurer
4 subject to regulation under the Illinois Insurance Code; or (2)
5 a health maintenance organization, a limited health service
6 organization under the Limited Health Service Organization
7 Act, or a voluntary health services plan under the Voluntary
8 Health Services Plans Act.
9 (Source: P.A. 85-677; 85-679.)

10 (410 ILCS 50/5)
11 Sec. 5. Statement of hospital patient's rights.
12 (a) Each patient admitted to a hospital, and the guardian
13 or authorized representative or parent of a minor patient,
14 shall be given a written statement of all the rights enumerated
15 in this Act, or a similar statement of patients' rights
16 required of the hospital by the Joint Commission on
17 Accreditation of Healthcare Organizations or a similar
18 accrediting organization. The statement shall be given at the
19 time of admission or as soon thereafter as the condition of the
20 patient permits.
21 (b) If a patient is unable to read the written statement, a
22 hospital shall make a reasonable effort to provide it to the
23 guardian or authorized representative of the patient.
24 (c) The statement shall also include the right not to be

1 discriminated against by the hospital due to the patient's
2 race, color, or national origin where such characteristics are
3 not relevant to the patient's medical diagnosis and treatment.
4 The statement shall further provide each admitted patient or
5 the patient's representative or guardian with notice of how to
6 initiate a grievance regarding improper discrimination with
7 the hospital and how the patient may lodge a grievance with the
8 Department of Public Health regardless of whether the patient
9 has first used the hospital's grievance process.

10 (Source: P.A. 88-56; 88-670, eff. 12-2-94.)

11 (410 ILCS 50/5.1 new)

12 Sec. 5.1. Discrimination grievance procedures. Upon
13 receipt of a grievance alleging unlawful discrimination on the
14 basis of race, color, or national origin, the hospital must
15 investigate the claim and work with the patient to address
16 valid or proven concerns in accordance with the hospital's
17 grievance process. At the conclusion of the hospital's
18 grievance process, the hospital shall inform the patient that
19 such grievances may be reported to the Department of Public
20 Health if not resolved to the patient's satisfaction at the
21 hospital level.

22 (410 ILCS 50/5.2 new)

23 Sec. 5.2. Emergency room antidiscrimination notice. Every
24 hospital shall post a sign next to or in close proximity of its

1 sign required by Section 489.20 (q) (1) of Title 42 of the Code
2 of Federal Regulations stating the following:

3 "You have the right not to be discriminated against by
4 the hospital due to your race, color, or national origin if
5 these characteristics are unrelated to your diagnosis or
6 treatment. If you believe this right has been violated,
7 please call (insert number for hospital grievance
8 officer).".

9 Section 99. Effective date. This Act takes effect upon
10 becoming law.