

1 AN ACT to amend the Illinois Insurance Code by changing  
2 Section 370c and adding Section 370c-1.

3 Be it enacted by the People of the State of Illinois,  
4 represented in the General Assembly:

5 Section 5. The Illinois Insurance Code is amended by  
6 changing Section 370c and adding Section 370c-1 as follows:

7 (215 ILCS 5/370c) (from Ch. 73, par. 982c)

8 Sec. 370c. Mental and emotional disorders.

9 (1) On and after the effective date of this Section,  
10 every insurer which delivers, issues for delivery or renews  
11 or modifies group A&H policies providing coverage for  
12 hospital or medical treatment or services for illness on an  
13 expense-incurred basis shall offer to the applicant or group  
14 policyholder subject to the insurers standards of  
15 insurability, coverage for reasonable and necessary treatment  
16 and services for mental, emotional, or nervous disorders or  
17 conditions, other than serious mental illnesses subject to  
18 Section 370c-1, up to the limits provided in the policy for  
19 other disorders or conditions, except (i) the insured may be  
20 required to pay up to 50% of expenses incurred as a result of  
21 the treatment or services, and (ii) the annual benefit limit  
22 may be limited to the lesser of \$10,000 or 25% of the  
23 lifetime policy limit.

24 (2) Each insured that is covered for mental, emotional  
25 or nervous disorders or conditions shall be free to select  
26 the physician licensed to practice medicine in all its  
27 branches, licensed clinical psychologist, or licensed  
28 clinical social worker of his choice to treat such disorders,  
29 and the insurer shall pay the covered charges of such  
30 physician licensed to practice medicine in all its branches,  
31 licensed clinical psychologist, or licensed clinical social

1 worker up to the limits of coverage, provided (i) the  
2 disorder or condition treated is covered by the policy, and  
3 (ii) the physician, licensed psychologist, or licensed  
4 clinical social worker is authorized to provide said services  
5 under the statutes of this State and in accordance with  
6 accepted principles of his profession.

7 Insofar as this Section applies solely to licensed  
8 clinical social workers, those persons who may provide  
9 services to individuals shall do so after the licensed  
10 clinical social worker has informed the patient of the  
11 desirability of the patient conferring with the patient's  
12 primary care physician and the licensed clinical social  
13 worker has provided written notification to the patient's  
14 primary care physician, if any, that services are being  
15 provided to the patient. That notification may, however, be  
16 waived by the patient on a written form. Those forms shall  
17 be retained by the licensed clinical social worker for a  
18 period of not less than 5 years.

19 (Source: P.A. 86-1434.)

20 (215 ILCS 5/370c-1 new)

21 Sec. 370c-1. Coverage for serious mental illness.

22 (a) An insurer that provides coverage for hospital or  
23 medical expenses under a group or individual policy of  
24 accident and health insurance or health care plan amended,  
25 delivered, issued, or renewed after the effective date of  
26 this amendatory Act of the 92nd General Assembly shall  
27 provide coverage under the policy for treatment of serious  
28 mental illness under the same terms and conditions as  
29 coverage for hospital or medical expenses related to other  
30 illnesses and diseases. The coverage required under this  
31 Section must provide the same durational limits, amount  
32 limits, deductibles, and co-insurance requirements for  
33 serious mental illness as are provided for other illnesses

1 and diseases.

2 (b) "Serious mental illness" means any mental disorders  
3 that are caused by factors including a biological or  
4 physiological disorder of the brain or psychosocial factors  
5 that substantially limit the life activities of the person  
6 with the illness. Examples include, but are not limited to,  
7 the following as described in the most current edition of the  
8 Diagnostic and Statistical Manual (DSM) published by the  
9 American Psychiatric Association:

- 10 (1) Schizophrenia.
- 11 (2) Pervasive developmental disorder.
- 12 (3) Autistic disorders.
- 13 (4) Schizoaffective disorder.
- 14 (5) Delusional disorder.
- 15 (6) Bipolar disorder.
- 16 (7) Major depression.
- 17 (8) Obsessive compulsive disorder.
- 18 (9) Panic disorder.

19 (c) Upon request of the reimbursing insurer, a provider  
20 of treatment of serious mental illness shall furnish medical  
21 records or other necessary data that substantiate that  
22 initial or continued treatment is at all times medically  
23 necessary. An insurer shall provide a mechanism for the  
24 timely review by a provider holding the same license and  
25 practicing in the same specialty as the patient's provider,  
26 who is unaffiliated with the insurer, jointly selected by the  
27 patient (or the patient's next of kin or legal representative  
28 if the patient is unable to act for himself or herself), the  
29 patient's provider, and the insurer in the event of a dispute  
30 between the insurer and patient's provider regarding the  
31 medical necessity of a treatment proposed by a patient's  
32 provider. If the reviewing provider determines the treatment  
33 to be medically necessary, the insurer shall provide  
34 reimbursement for the treatment. Future contractual or

1 employment actions by the insurer regarding the patient's  
2 provider shall not be based on the provider's participation  
3 in this procedure. Nothing prevents the insured from  
4 agreeing in writing to continue treatment at his or her  
5 expense.

6 When making a determination of the medical necessity for  
7 a treatment modality for serious mental illness, an insurer  
8 must make the determination in a manner that is consistent  
9 with the manner used to make that determination with respect  
10 to other diseases or illnesses covered under the policy,  
11 including an appeals process.

12 (d) Inpatient coverage under this Section when  
13 continuous hospitalization is medically necessary may be  
14 limited to 90 consecutive days.