



Sen. Karina Villa

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10400HB1085sam001

LRB104 05991 BAB 26790 a

1 AMENDMENT TO HOUSE BILL 1085

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1085 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Counties Code is amended by changing  
5 Section 5-1069.3 as follows:

6 (55 ILCS 5/5-1069.3)

7 Sec. 5-1069.3. Required health benefits. If a county,  
8 including a home rule county, is a self-insurer for purposes  
9 of providing health insurance coverage for its employees, the  
10 coverage shall include coverage for the post-mastectomy care  
11 benefits required to be covered by a policy of accident and  
12 health insurance under Section 356t and the coverage required  
13 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u,  
14 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,  
15 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
16 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36,

1 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,  
2 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61,  
3 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71,  
4 356z.74, and 356z.77 of the Illinois Insurance Code. The  
5 coverage shall comply with Sections 155.22a, 355b, 356z.19,  
6 ~~and~~ 370c, and 370c.3 of the Illinois Insurance Code. The  
7 Department of Insurance shall enforce the requirements of this  
8 Section. The requirement that health benefits be covered as  
9 provided in this Section is an exclusive power and function of  
10 the State and is a denial and limitation under Article VII,  
11 Section 6, subsection (h) of the Illinois Constitution. A home  
12 rule county to which this Section applies must comply with  
13 every provision of this Section.

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

20 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
21 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
22 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
23 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
24 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
25 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
26 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;

1 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
2 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
3 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
4 revised 11-26-24.)

5 Section 10. The Illinois Municipal Code is amended by  
6 changing Section 10-4-2.3 as follows:

7 (65 ILCS 5/10-4-2.3)

8 Sec. 10-4-2.3. Required health benefits. If a  
9 municipality, including a home rule municipality, is a  
10 self-insurer for purposes of providing health insurance  
11 coverage for its employees, the coverage shall include  
12 coverage for the post-mastectomy care benefits required to be  
13 covered by a policy of accident and health insurance under  
14 Section 356t and the coverage required under Sections 356g,  
15 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x,  
16 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
17 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
18 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
19 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
20 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,  
21 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, and  
22 356z.77 of the Illinois Insurance Code. The coverage shall  
23 comply with Sections 155.22a, 355b, 356z.19, ~~and~~ 370c, and  
24 370c.3 of the Illinois Insurance Code. The Department of

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

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

14 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
15 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
16 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
17 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
18 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
19 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
20 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
21 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
22 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
23 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
24 revised 11-26-24.)

25 Section 15. The School Code is amended by changing Section

1 10-22.3f as follows:

2 (105 ILCS 5/10-22.3f)

3 Sec. 10-22.3f. Required health benefits. Insurance  
4 protection and benefits for employees shall provide the  
5 post-mastectomy care benefits required to be covered by a  
6 policy of accident and health insurance under Section 356t and  
7 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
8 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,  
9 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,  
10 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
11 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
12 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,  
13 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~  
14 356z.71, 356z.74, and 356z.77 of the Illinois Insurance Code.  
15 Insurance policies shall comply with Section 356z.19 of the  
16 Illinois Insurance Code. The coverage shall comply with  
17 Sections 155.22a, 355b, ~~and~~ 370c, and 370c.3 of the Illinois  
18 Insurance Code. The Department of Insurance shall enforce the  
19 requirements of this Section.

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

1 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
2 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
3 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,  
4 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
5 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
6 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
7 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
8 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-718, eff.  
9 7-19-24; 103-751, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918,  
10 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

11 Section 20. The Illinois Insurance Code is amended by  
12 adding Section 370c.3 as follows:

13 (215 ILCS 5/370c.3 new)

14 Sec. 370c.3. Mental health and substance use parity.

15 (a) In this Section:

16 "Application" means a person's or facility's application  
17 to become a participating provider with an insurer in at least  
18 one of the insurer's provider networks.

19 "Applying provider" means a provider or facility that has  
20 submitted a completed application to become a participating  
21 provider or facility with an insurer.

22 "Behavioral health trainee" means any person: (1) engaged  
23 in the provision of mental health or substance use disorder  
24 clinical services as part of that person's supervised course

1 of study while enrolled in a master's or doctoral psychology,  
2 social work, counseling, or marriage or family therapy program  
3 or as a postdoctoral graduate working toward licensure; and  
4 (2) who is working toward clinical State licensure under the  
5 clinical supervision of a fully licensed mental health or  
6 substance use disorder treatment provider.

7 "Completed application" means a person's or facility's  
8 application to become a participating provider that has been  
9 submitted to the insurer and includes all the required  
10 information for the application to be considered by the  
11 insurer according to the insurer's policies and procedures for  
12 verifying a provider's or facility's credentials.

13 "Contracting process" means the process by which a mental  
14 health or substance use disorder treatment provider or  
15 facility makes a completed application with an insurer to  
16 become a participating provider with the insurer until the  
17 effective date of a final contract between the provider or  
18 facility and the insurer. "Contracting process" includes the  
19 process of verifying a provider's credentials.

20 "Participating provider" means any mental health or  
21 substance use disorder treatment provider that has a contract  
22 to provide mental health or substance use disorder services  
23 with an insurer.

24 (b) Consistent with the principles of the federal Mental  
25 Health Parity and Addiction Equity Act of 2008, and for the  
26 purposes of strengthening network adequacy for mental health

1 and substance use disorder services and lowering  
2 out-of-network utilization, the Department of Human Services,  
3 by rule, shall determine a reimbursement rate floor for all  
4 in-network mental health and substance use disorder services,  
5 including inpatient services, outpatient services, office  
6 visits, and residential care, delivered by Illinois providers  
7 and facilities using the Illinois data in Research Triangle  
8 Institute International's study, Behavioral Health Parity -  
9 Pervasive Disparities in Access to In-Network Care Continue,  
10 Mark, T.L., & Parish, W. (April 2024). The reimbursement rate  
11 floor for mental health and substance use disorder services  
12 requires that reimbursement for each service, classified by  
13 Healthcare Common Procedure Coding System and Current  
14 Procedural Terminology codes, must be equal to or greater than  
15 the rate set by the Department of Human Services and shall  
16 apply to all group or individual policies of accident and  
17 health insurance or managed care plans that are amended,  
18 delivered, issued, or renewed on or after January 1, 2027 or  
19 any contracted third party administering the behavioral health  
20 benefits for the insurer. The Department of Human Services  
21 shall use the benchmark it deems appropriate for setting a  
22 reimbursement rate floor for mental health and substance use  
23 disorder services, but it shall have the effect of the  
24 reimbursement rate floor being between the average  
25 reimbursement and the 75th percentile of reimbursement for all  
26 medical and surgical reimbursement using Appendix C-13 of the

1 Research Triangle Institute International study. In  
2 establishing the rate floor, the Department of Human Services  
3 shall take into consideration the need to reimburse above the  
4 average reimbursement to incentivize providers in short supply  
5 to participate in-network and shall set a reimbursement rate  
6 floor that is above the average reimbursement rate paid by the  
7 preferred provider organizations operated by the largest  
8 health insurer in the State of Illinois for mental health and  
9 substance use disorder services. If the Department of Human  
10 Services uses a rate benchmark that is tied to a federal health  
11 care program in which the reimbursement rates fluctuate, for  
12 any year the benchmark selected by the Department of Human  
13 Services decreases, the reimbursement rate floor for the  
14 purposes of this Section shall remain at the level it was the  
15 previous year. If at any time the average reimbursement for  
16 in-network medical and surgical services delivered by Illinois  
17 providers exceeds the rate floor the Department of Human  
18 Services establishes for mental health and substance use  
19 disorder services, then the reimbursement for mental health  
20 and substance use disorder treatment services must be equal to  
21 or greater than that average. Nothing in this Section gives  
22 the Department of Human Services any regulatory authority over  
23 an insurer. The Department of Insurance has the authority to  
24 enforce and monitor the reimbursement rate floor set pursuant  
25 to this Section and shall publish the rate floor set by the  
26 Department of Human Services in Title 50 of the Illinois

1 Administrative Code.

2 (c) A group or individual policy of accident and health  
3 insurance or managed care plan that is amended, delivered,  
4 issued, or renewed on or after January 1, 2026, or contracted  
5 third party administering the behavioral health benefits for  
6 the insurer, shall cover all medically necessary mental health  
7 or substance use disorder services received by the same  
8 insured on the same day from the same or different mental  
9 health or substance use provider or facility for both  
10 outpatient and inpatient care.

11 (d) A group or individual policy of accident and health  
12 insurance or managed care plan that is amended, delivered,  
13 issued, or renewed on or after January 1, 2026, or any  
14 contracted third party administering the behavioral health  
15 benefits for the insurer, shall cover any medically necessary  
16 mental health or substance use disorder service provided by a  
17 behavioral health trainee when the trainee is working toward  
18 clinical State licensure and is under the supervision of a  
19 fully licensed mental health or substance use disorder  
20 treatment provider, which is a physician licensed to practice  
21 medicine in all its branches, licensed clinical psychologist,  
22 licensed clinical social worker, licensed clinical  
23 professional counselor, licensed marriage and family  
24 therapist, licensed speech-language pathologist, or other  
25 licensed or certified professional at a program licensed  
26 pursuant to the Substance Use Disorder Act who is engaged in

1 treating mental, emotional, nervous, or substance use  
2 disorders or conditions. Services provided by the trainee must  
3 be billed under the supervising clinician's rendering National  
4 Provider Identifier.

5 (e) A group or individual policy of accident and health  
6 insurance or managed care plan that is amended, delivered,  
7 issued, or renewed on or after January 1, 2026, or any  
8 contracted third party administering the behavioral health  
9 benefits for the insurer, shall:

10 (1) cover medically necessary 60-minute psychotherapy  
11 billed using the Current Procedural Terminology Code 90837  
12 for Individual Therapy;

13 (2) not impose more onerous documentation requirements  
14 on the provider than is required for other psychotherapy  
15 Current Procedural Terminology Codes; and

16 (3) not audit the use of Current Procedural  
17 Terminology Code 90837 any more frequently than audits for  
18 the use of other psychotherapy Current Procedural  
19 Terminology Codes.

20 (f)(1) Any group or individual policy of accident and  
21 health insurance or managed care plan that is amended,  
22 delivered, issued, or renewed on or after January 1, 2026, or  
23 any contracted third party administering the behavioral health  
24 benefits for the insurer, shall complete the contracting  
25 process with a mental health or substance use disorder  
26 treatment provider or facility for becoming a participating

1 provider in the insurer's network, including the verification  
2 of the provider's credentials, within 60 days from the date of  
3 a completed application to the insurer to become a  
4 participating provider. Nothing in this paragraph (1),  
5 however, presumes or establishes a contract between an insurer  
6 and a provider.

7 (2) Any group or individual policy of accident and health  
8 insurance or managed care plan that is amended, delivered,  
9 issued, or renewed on or after January 1, 2026, or any  
10 contracted third party administering the behavioral health  
11 benefits for the insurer, shall reimburse a participating  
12 mental health or substance use disorder treatment provider or  
13 facility at the contracted reimbursement rate for any  
14 medically necessary services provided to an insured from the  
15 date of submission of the provider's or facility's completed  
16 application to become a participating provider with the  
17 insurer up to the effective date of the provider's contract.  
18 The provider's claims for such services shall be reimbursed  
19 only when submitted after the effective date of the provider's  
20 contract with the insurer. This paragraph (2) does not apply  
21 to a provider that does not have a completed contract with an  
22 insurer. If a provider opts to submit claims for medically  
23 necessary mental health or substance use disorder services  
24 pursuant to this paragraph (2), the provider must notify the  
25 insured following submission of the claims to the insurer that  
26 the services provided to the insured may be treated as

1 in-network services.

2 (3) Any group or individual policy of accident and health  
3 insurance or managed care plan that is amended, delivered,  
4 issued, or renewed on or after January 1, 2026, or any  
5 contracted third party administering the behavioral health  
6 benefits for the insurer, shall cover any medically necessary  
7 mental health or substance use disorder service provided by a  
8 fully licensed mental health or substance use disorder  
9 treatment provider affiliated with a mental health or  
10 substance use disorder treatment group practice who has  
11 submitted a completed application to become a participating  
12 provider with an insurer who is delivering services under the  
13 supervision of another fully licensed participating mental  
14 health or substance use disorder treatment provider within the  
15 same group practice up to the effective date of the applying  
16 provider's contract with the insurer as a participating  
17 provider. Services provided by the applying provider must be  
18 billed under the supervising licensed provider's rendering  
19 National Provider Identifier.

20 (4) Upon request, an insurer, or any contracted third  
21 party administering the behavioral health benefits for the  
22 insurer, shall provide an applying provider with the insurer's  
23 credentialing policies and procedures. An insurer, or any  
24 contracted third party administering the behavioral health  
25 benefits for the insurer, shall post the following  
26 nonproprietary information on its website and make that

1 information available to all applicants:

2 (A) a list of the information required to be included  
3 in an application;

4 (B) a checklist of the materials that must be  
5 submitted in the credentialing process; and

6 (C) designated contact information of a network  
7 representative, including a designated point of contact,  
8 an email address, and a telephone number, to which an  
9 applicant may address any credentialing inquiries.

10 (g) The Department has the same authority to enforce this  
11 Section as it has to enforce compliance with Sections 370c and  
12 370c.1. Additionally, if the Department determines that an  
13 insurer or a contracted third party administering the  
14 behavioral health benefits for the insurer has violated this  
15 Section, the Department shall, after appropriate notice and  
16 opportunity for hearing in accordance with Section 402, by  
17 order assess a civil penalty of \$1,000 for each violation. The  
18 Department shall establish any processes or procedures  
19 necessary to monitor compliance with this Section.

20 (h) At the end of 2 years, 7 years, and 12 years following  
21 the implementation of subsection (b) of this Section, the  
22 Department shall review the impact of this Section on network  
23 adequacy for mental health and substance use disorder  
24 treatment and access to affordable mental health and substance  
25 use care. By no later than December 31, 2030, December 31,  
26 2035, and December 31, 2040, the Department shall submit a

1 report in each of those years to the General Assembly that  
2 includes its analyses and findings. For the purpose of  
3 evaluating trends in network adequacy, the Department is  
4 granted the authority to examine out-of-network utilization  
5 and out-of-pocket costs for insureds for mental health and  
6 substance use disorder treatment and services for all plans to  
7 compare with in-network utilization for purposes of evaluating  
8 access to care. The Department shall conduct an analysis of  
9 the impact, if any, of the reimbursement rate floor for mental  
10 health and substance use disorder services on health insurance  
11 premiums across the State-regulated health insurance markets,  
12 taking into consideration the need to expand network adequacy  
13 to improve access to care.

14 (i) The Department of Insurance and the Department of  
15 Human Services shall adopt any rules necessary to implement  
16 this Section by no later than May 1, 2026.

17 (j) This Section does not apply to a health care plan  
18 serving Medicaid populations that provides, arranges for, pays  
19 for, or reimburses the cost of any health care service for  
20 persons who are enrolled under the Illinois Public Aid Code or  
21 under the Children's Health Insurance Program Act.

22 Section 99. Effective date. This Act takes effect upon  
23 becoming law."