

215 ILCS 5/359b COMMITTEE TO CREATE A UNIFORM SMALL EMPLOYER GROUP HEALTH STATUS QUESTIONNAIRE AND INDIVIDUAL HEALTH STATEMENT

Sec. 359b. Committee to create a uniform small employer group-health status questionnaire and individual health statement.

(a) For the purposes of this Section:

"Employee health-status questionnaire" means a questionnaire that poses questions about an individual employee's or covered dependent's health history and that is to be completed by the individual employee or covered dependent of a small employer that seeks health insurance coverage from a small employer carrier.

"Health benefit plan "," small employer and "small employer carrier" shall have the meaning given the terms in the Small Employer Health Insurance Rating Act.

"Individual health insurance coverage" and "individual market" shall have the meaning given the terms in the Illinois Health Insurance Portability and Accountability Act.

(b) A committee is established in the Department consisting of 11 members, including the Director or the Director's designee, who are appointed by the Director. The Director shall appoint to the committee 5 representatives as recommended by the Illinois Insurance Association, Illinois Life Insurance Council, Professional Independent Insurance Agents of Illinois, Illinois Association of Health Underwriters, Illinois Chamber of Commerce, Illinois Manufacturers Association, Illinois Retail Merchants Association, and National Federation of Independent Businesses and 5 consumer representatives. The Director or the Director's designee shall serve as chairperson of the committee.

(c) The committee shall develop a uniform employee health-status questionnaire to simplify the health insurance application process for small employers. The committee shall study employee-health status questionnaires currently used by major small employer carriers in this State and consolidate the questionnaires into a uniform questionnaire. The questionnaire shall be designed to permit its use both as a written document and through electronic or other alternative delivery formats.

A uniform employee health-status questionnaire shall allow small employers that are required to provide information regarding their employees to a small employer carrier when applying for a small employer group health insurance policy to use a standardized questionnaire that small employer carriers shall be required to use. The development of the uniform employee health-status questionnaire is intended to relieve small employers of the burden of completing separate application forms for each small employer carrier with which the employer applies for insurance or from which the employer seeks information regarding such matters as rates, coverage, and availability. The use of the uniform employee health-status questionnaire by small employer carriers and small employers shall be mandatory.

(d) On or before July 1, 2010, the committee shall develop the uniform employee health-status questionnaire for adoption by the Department. Beginning January 1, 2011, a small employer carrier shall use the questionnaire for all small employer groups for which it requires employees and their covered dependents to complete questionnaires.

(e) The Director, as needed, may reconvene the committee to consider whether changes are necessary to the uniform employee health status questionnaire. If the committee determines that changes to the questionnaire are necessary, then the Director may adopt revisions to the questionnaire as recommended by the committee. Small employer carriers shall use the revised questionnaire beginning 90 days after the Director adopts any revision.

(f) Nothing in this Section shall be construed to limit or restrict a small employer carrier's ability to appropriately rate risk under a small employer health benefit plan.

(g) On or before July 1, 2010, the committee shall develop a standard individual market health statement to simplify the health insurance application process for individuals. The committee shall study health statements currently used by major carriers in this State who offer individual health insurance coverage and consolidate the statements into a standard individual market health statement. The standard individual market health statement shall be designed to permit its use both as a written document and through electronic or other alternative delivery formats. For purposes of the individual market health statement, the Director may, but shall not be required to, establish a committee distinct from that formed to develop an application for small employers. In that event, the composition of the committee shall be as prescribed in subsection (b) of this Section, although individual participants may change.

(h) Beginning January 1, 2011, all carriers who offer individual health insurance coverage and evaluate the health status of individuals shall use the standard individual market health statement.

(i) The Director, as needed, may reconvene the committee to consider whether changes are necessary to the standard individual market health statement. If the committee determines that changes to the statement are necessary, the Director may adopt revisions to the statement as recommended by the committee. All carriers who offer individual health insurance coverage shall use the revised statement beginning 90 days after the Director adopts any revision.

(j) Nothing in this Section shall prevent a carrier from using health information after enrollment for the purpose of providing services or arranging for the provision of services under a health benefit plan or a policy of individual health insurance coverage.

(k) Nothing in this Section shall be construed to limit or restrict a health carrier's ability to appropriately rate risk, refuse to issue or renew coverage, or otherwise rescind, terminate, or restrict coverage under a health benefit plan or a policy of individual health insurance coverage or conduct further review of the information submitted on the statement by contacting an individual, the individual's health care provider, or any other entity for additional health status related information.

(l) Committee members are not eligible for compensation but may receive reimbursement of expenses.

(Source: P.A. 96-857, eff. 1-5-10.)