

Rep. Laura Fine

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	10000HB4516ham001 LRB100 17336 SMS 38744	a
1	AMENDMENT TO HOUSE BILL 4516	
2	AMENDMENT NO Amend House Bill 4516 by replacing	ıg
3	everything after the enacting clause with the following:	
4	"Section 5. The Illinois Insurance Code is amended b	Ŋ
5	adding Section 356z.29 as follows:	
6	(215 ILCS 5/356z.29 new)	
7	Sec. 356z.29. Coverage for hearing aids for individual	<u>.</u> S
8	under the age of 18.	
9	(a) As used in this Section:	
10	"Hearing care professional" means a person who is	a
11	licensed hearing instrument dispenser, licensed audiologist	- /
12	or licensed physician.	
13	"Hearing instrument" or "hearing aid" means any wearabl	<u>.e</u>
14	non-disposable, non-experimental instrument or device designed	<u>:d</u>
15	to aid or compensate for impaired human hearing and any parts	; <u>, </u>
16	attachments, or accessories for the instrument or device	<u> </u>

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_	including	an	ear	mold	but	excluding	batteries	and	cords.

- (b) An individual or group policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 100th General Assembly must provide coverage for medically necessary hearing instruments and related services for all individuals under the age of 18 when a hearing care professional prescribes a hearing instrument to augment communication.
- (c) An insurer shall provide coverage, subject to all applicable co-payments, co-insurance, deductibles, and out-of-pocket limits, subject to the following restrictions:
- 13 (1) one hearing instrument shall be covered for each 14 ear every 36 months;
 - (2) related services, such as audiological exams and selection, fitting, and adjustment of ear molds to maintain optimal fit shall be covered when deemed medically necessary by a hearing care professional; and
- 19 (3) hearing instrument repairs may be covered when 20 deemed medically necessary.
- 21 Section 10. The Health Maintenance Organization Act is 22 amended by changing Section 5-3 as follows:
- 2.3 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)
- 24 Sec. 5-3. Insurance Code provisions.

the Illinois Insurance Code.

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- 1 (a) Health Maintenance Organizations shall be subject to the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1, 2 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 3 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3, 4 5 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 6 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 7 356z.26, 356z.29, 364, 364.01, 356z.22, 356z.25, 8 9 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 10 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, 11 paragraph (c) of subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of 12
- 14 (b) For purposes of the Illinois Insurance Code, except for 15 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health 16 Maintenance Organizations in the following categories are deemed to be "domestic companies": 17
 - (1) a corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act;
 - (2) a corporation organized under the laws of this State; or
 - (3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject substantially the same requirements in its state of organization as is a "domestic company" under Article VIII

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- 1 1/2 of the Illinois Insurance Code.
 - (c) In considering the merger, consolidation, or other acquisition of control of a Health Maintenance Organization pursuant to Article VIII 1/2 of the Illinois Insurance Code,
 - (1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;
 - (2)(i) the criteria specified in subsection (1)(b) of Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;
 - (3) the Director shall have the power to require the following information:
 - (A) certification by an independent actuary of the adequacy of the reserves of the Health Maintenance Organization sought to be acquired;
 - (B) pro forma financial statements reflecting the combined balance sheets of the acquiring company and Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of a date 90 days prior to the acquisition, as well as pro

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1	forma	financial	statements	reflecting	projected
2	combine	d operation	for a period	of 2 years;	

- (C) a pro forma business plan detailing an acquiring party's plans with respect to the operation of the Health Maintenance Organization sought to be acquired for a period of not less than 3 years; and
- (D) such other information as the Director shall require.
 - (d) The provisions of Article VIII 1/2 of the Illinois Insurance Code and this Section 5-3 shall apply to the sale by any health maintenance organization of greater than 10% of its enrollee population (including without limitation the health maintenance organization's right, title, and interest in and to its health care certificates).
 - (e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service agreement on the continuation of benefits to enrollees and the financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on competition.
- (f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health

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- Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional premiums under the following terms and conditions:
 - (i) the amount of, and other terms and conditions with respect to, the refund or additional premium are set forth in the group or enrollment unit contract agreed in advance of the period for which a refund is to be paid or additional premium is to be charged (which period shall not be less than one year); and
 - (ii) the amount of the refund or additional premium shall not exceed 20% of the Health Maintenance Organization's profitable or unprofitable experience with respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the Health Maintenance Organization's administrative marketing expenses, but shall not include any refund to be made or additional premium to be paid pursuant to this subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into account the refund period and the immediately preceding 2 plan years.

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Health Maintenance Organization shall include a The statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used to calculate (1) the Health Maintenance Organization's profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or enrollment unit.

In no event shall the Illinois Health Maintenance Organization Guaranty Association be liable to pay any contractual obligation of an insolvent organization to pay any refund authorized under this Section.

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

(Source: P.A. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17; 23

24 100-138, eff. 8-18-17; revised 10-5-17.)

25 Section 15. The Voluntary Health Services Plans Act is

- amended by changing Section 10 as follows: 1
- (215 ILCS 165/10) (from Ch. 32, par. 604) 2
- 3 Sec. 10. Application of Insurance Code provisions. Health
- 4 services plan corporations and all persons interested therein
- 5 or dealing therewith shall be subject to the provisions of
- Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140, 6
- 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g, 7
- 8 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
- 9 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
- 10 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
- 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 364.01, 11
- 12 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
- 13 and paragraphs (7) and (15) of Section 367 of the Illinois
- 14 Insurance Code.
- 15 Rulemaking authority to implement Public Act 95-1045, if
- 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
- 19 Administrative Rules; any purported rule not so adopted, for
- whatever reason, is unauthorized. 20
- (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17; 21
- 22 revised 10-5-17.)
- 23 Section 99. Effective date. This Act takes effect upon
- 24 becoming law.".