



Rep. Nicolle Grasse

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10400HB2371ham001

LRB104 06098 BAB 23426 a

1 AMENDMENT TO HOUSE BILL 2371

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 2371 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 changing Section 370a as follows:

6 (215 ILCS 5/370a) (from Ch. 73, par. 982a)

7 Sec. 370a. Assignability of insurance Accident and Health  
8 Insurance. No provision of the Illinois Insurance Code, or any  
9 other law, prohibits an insured under any policy of dental  
10 insurance or accident and health insurance or any other person  
11 who may be the owner of any rights under any such policy from  
12 making an assignment of all or any part of his rights and  
13 privileges under the policy including but not limited to the  
14 right to designate a beneficiary and to have an individual  
15 policy issued in accordance with its terms. Subject to the  
16 terms of the policy or any contract relating thereto, an

1 assignment by an insured or by any other owner of rights under  
2 the policy, made before or after the effective date of this  
3 amendatory Act of 1969 is valid for the purpose of vesting in  
4 the assignee, in accordance with any provisions included  
5 therein as to the time at which it is effective, all rights and  
6 privileges so assigned. However, such assignment is without  
7 prejudice to the company on account of any payment it makes or  
8 individual policy it issues before receipt of notice of the  
9 assignment. This amendatory Act of 1969 acknowledges, declares  
10 and codifies the existing right of assignment of interests  
11 under accident and health insurance policies. If an enrollee  
12 or insured of an insurer, health maintenance organization,  
13 managed care plan, health care plan, preferred provider  
14 organization, dental service plan corporation, dental insurer,  
15 or third party administrator assigns a claim to a health care  
16 professional, ~~or~~ health care facility, dental care provider,  
17 or dental care facility, then payment shall be made directly  
18 to the health care professional, ~~or~~ health care facility, dental care provider, or dental care facility, including any  
19 interest required under Section 368a~~r~~ of this Code for failure  
20 to pay claims within 30 days after receipt by the insurer of  
21 due proof of loss. Nothing in this Section shall be construed  
22 to prevent any parties from reconciling duplicate payments.  
23  
(Source: P.A. 91-605, eff. 12-14-99; 91-788, eff. 6-9-00.)

25 Section 10. The Dental Service Plan Act is amended by

1 adding Section 38.1 as follows:

2 (215 ILCS 110/38.1 new)

3 Sec. 38.1. Illinois Insurance Code provisions. Every  
4 dental service plan corporation shall comply with Section 370a  
5 of the Illinois Insurance Code.

6 Section 15. The Health Maintenance Organization Act is  
7 amended by changing Section 5-3 as follows:

8 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

9 (Text of Section before amendment by P.A. 103-808)

10 Sec. 5-3. Illinois Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to  
12 the provisions of Sections 133, 134, 136, 137, 139, 140,  
13 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
14 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
15 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,  
16 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,  
17 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
18 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
19 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,  
20 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,  
21 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,  
22 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,  
23 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,

1       356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,  
2       356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,  
3       356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,  
4       364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,  
5       368d, 368e, 370a, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
6       408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
7       subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
8       XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
9       Illinois Insurance Code.

10               (b) For purposes of the Illinois Insurance Code, except  
11       for Sections 444 and 444.1 and Articles XIII and XIII 1/2,  
12       Health Maintenance Organizations in the following categories  
13       are deemed to be "domestic companies":

14                       (1) a corporation authorized under the Dental Service  
15       Plan Act or the Voluntary Health Services Plans Act;

16                       (2) a corporation organized under the laws of this  
17       State; or

18                       (3) a corporation organized under the laws of another  
19       state, 30% or more of the enrollees of which are residents  
20       of this State, except a corporation subject to  
21       substantially the same requirements in its state of  
22       organization as is a "domestic company" under Article VIII  
23       1/2 of the Illinois Insurance Code.

24               (c) In considering the merger, consolidation, or other  
25       acquisition of control of a Health Maintenance Organization  
26       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 the 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 forma financial statements reflecting projected combined 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 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

1 additional premiums under the following terms and conditions:

2 (i) the amount of, and other terms and conditions with  
3 respect to, the refund or additional premium are set forth  
4 in the group or enrollment unit contract agreed in advance  
5 of the period for which a refund is to be paid or  
6 additional premium is to be charged (which period shall  
7 not be less than one year); and

8 (ii) the amount of the refund or additional premium  
9 shall not exceed 20% of the Health Maintenance  
10 Organization's profitable or unprofitable experience with  
11 respect to the group or other enrollment unit for the  
12 period (and, for purposes of a refund or additional  
13 premium, the profitable or unprofitable experience shall  
14 be calculated taking into account a pro rata share of the  
15 Health Maintenance Organization's administrative and  
16 marketing expenses, but shall not include any refund to be  
17 made or additional premium to be paid pursuant to this  
18 subsection (f)). The Health Maintenance Organization and  
19 the group or enrollment unit may agree that the profitable  
20 or unprofitable experience may be calculated taking into  
21 account the refund period and the immediately preceding 2  
22 plan years.

23 The Health Maintenance Organization shall include a  
24 statement in the evidence of coverage issued to each enrollee  
25 describing the possibility of a refund or additional premium,  
26 and upon request of any group or enrollment unit, provide to

1 the group or enrollment unit a description of the method used  
2 to calculate (1) the Health Maintenance Organization's  
3 profitable experience with respect to the group or enrollment  
4 unit and the resulting refund to the group or enrollment unit  
5 or (2) the Health Maintenance Organization's unprofitable  
6 experience with respect to the group or enrollment unit and  
7 the resulting additional premium to be paid by the group or  
8 enrollment unit.

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

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

19 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
20 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
21 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
22 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
23 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
24 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
25 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
26 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.

1       6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
2       eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;  
3       103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.  
4       1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,  
5       eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;  
6       103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.  
7       1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

8                    (Text of Section after amendment by P.A. 103-808)

9                    Sec. 5-3. Illinois Insurance Code provisions.

10                   (a) Health Maintenance Organizations shall be subject to  
11                   the provisions of Sections 133, 134, 136, 137, 139, 140,  
12                   141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
13                   152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
14                   155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,  
15                   356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,  
16                   356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,  
17                   356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,  
18                   356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,  
19                   356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,  
20                   356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,  
21                   356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,  
22                   356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,  
23                   356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,  
24                   356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,  
25                   356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,

1       356z.77, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
2       368c, 368d, 368e, 370a, 370c, 370c.1, 401, 401.1, 402, 403,  
3       403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
4       subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
5       XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
6       Illinois Insurance Code.

7               (b) For purposes of the Illinois Insurance Code, except  
8       for Sections 444 and 444.1 and Articles XIII and XIII 1/2,  
9       Health Maintenance Organizations in the following categories  
10      are deemed to be "domestic companies":

11               (1) a corporation authorized under the Dental Service  
12      Plan Act or the Voluntary Health Services Plans Act;  
13               (2) a corporation organized under the laws of this  
14      State; or

15               (3) a corporation organized under the laws of another  
16      state, 30% or more of the enrollees of which are residents  
17      of this State, except a corporation subject to  
18      substantially the same requirements in its state of  
19      organization as is a "domestic company" under Article VIII  
20      1/2 of the Illinois Insurance Code.

21               (c) In considering the merger, consolidation, or other  
22      acquisition of control of a Health Maintenance Organization  
23      pursuant to Article VIII 1/2 of the Illinois Insurance Code,

24               (1) the Director shall give primary consideration to  
25      the continuation of benefits to enrollees and the  
26      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 the 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 forma financial statements reflecting projected combined 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

1                   require.

2                   (d) The provisions of Article VIII 1/2 of the Illinois  
3 Insurance Code and this Section 5-3 shall apply to the sale by  
4 any health maintenance organization of greater than 10% of its  
5 enrollee population (including, without limitation, the health  
6 maintenance organization's right, title, and interest in and  
7 to its health care certificates).

8                   (e) In considering any management contract or service  
9 agreement subject to Section 141.1 of the Illinois Insurance  
10 Code, the Director (i) shall, in addition to the criteria  
11 specified in Section 141.2 of the Illinois Insurance Code,  
12 take into account the effect of the management contract or  
13 service agreement on the continuation of benefits to enrollees  
14 and the financial condition of the health maintenance  
15 organization to be managed or serviced, and (ii) need not take  
16 into account the effect of the management contract or service  
17 agreement on competition.

18                   (f) Except for small employer groups as defined in the  
19 Small Employer Rating, Renewability and Portability Health  
20 Insurance Act and except for medicare supplement policies as  
21 defined in Section 363 of the Illinois Insurance Code, a  
22 Health Maintenance Organization may by contract agree with a  
23 group or other enrollment unit to effect refunds or charge  
24 additional premiums under the following terms and conditions:

25                   (i) the amount of, and other terms and conditions with  
26 respect to, the refund or additional premium are set forth

1           in the group or enrollment unit contract agreed in advance  
2           of the period for which a refund is to be paid or  
3           additional premium is to be charged (which period shall  
4           not be less than one year); and

5                   (ii) the amount of the refund or additional premium  
6           shall not exceed 20% of the Health Maintenance  
7           Organization's profitable or unprofitable experience with  
8           respect to the group or other enrollment unit for the  
9           period (and, for purposes of a refund or additional  
10           premium, the profitable or unprofitable experience shall  
11           be calculated taking into account a pro rata share of the  
12           Health Maintenance Organization's administrative and  
13           marketing expenses, but shall not include any refund to be  
14           made or additional premium to be paid pursuant to this  
15           subsection (f)). The Health Maintenance Organization and  
16           the group or enrollment unit may agree that the profitable  
17           or unprofitable experience may be calculated taking into  
18           account the refund period and the immediately preceding 2  
19           plan years.

20           The Health Maintenance Organization shall include a  
21           statement in the evidence of coverage issued to each enrollee  
22           describing the possibility of a refund or additional premium,  
23           and upon request of any group or enrollment unit, provide to  
24           the group or enrollment unit a description of the method used  
25           to calculate (1) the Health Maintenance Organization's  
26           profitable experience with respect to the group or enrollment

1       unit and the resulting refund to the group or enrollment unit  
2       or (2) the Health Maintenance Organization's unprofitable  
3       experience with respect to the group or enrollment unit and  
4       the resulting additional premium to be paid by the group or  
5       enrollment unit.

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

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

16           (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
17       102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
18       1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
19       eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
20       102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
21       1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
22       eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
23       103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
24       6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
25       eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;  
26       103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.

1       1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,  
2       eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;  
3       103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.  
4       1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised  
5       11-26-24.)

6           Section 20. The Limited Health Service Organization Act is  
7       amended by changing Section 4003 as follows:

8           (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

9           Sec. 4003. Illinois Insurance Code provisions. Limited  
10          health service organizations shall be subject to the  
11          provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
12          141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,  
13          154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,  
14          355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,  
15          356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,  
16          356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
17          356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,  
18          356z.73, 356z.74, 356z.75, 364.3, 368a, 370a, 401, 401.1, 402,  
19          403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles  
20          IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
21          the Illinois Insurance Code. Nothing in this Section shall  
22          require a limited health care plan to cover any service that is  
23          not a limited health service. For purposes of the Illinois  
24          Insurance Code, except for Sections 444 and 444.1 and Articles

1       XIII and XIII 1/2, limited health service organizations in the  
2       following categories are deemed to be domestic companies:

3               (1) a corporation under the laws of this State; or

4               (2) a corporation organized under the laws of another  
5       state, 30% or more of the enrollees of which are residents  
6       of this State, except a corporation subject to  
7       substantially the same requirements in its state of  
8       organization as is a domestic company under Article VIII  
9       1/2 of the Illinois Insurance Code.

10       (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
11       102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
12       1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
13       eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
14       102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
15       1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
16       eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;  
17       103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.  
18       7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,  
19       eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

20       Section 25. The Voluntary Health Services Plans Act is  
21       amended by changing Section 10 as follows:

22               (215 ILCS 165/10) (from Ch. 32, par. 604)

23       Sec. 10. Application of Illinois Insurance Code  
24       provisions. Health services plan corporations and all persons

1 interested therein or dealing therewith shall be subject to  
2 the provisions of Articles IIA and XII 1/2 and Sections 3.1,  
3 133, 136, 139, 140, 143, 143.31, 143c, 149, 155.22a, 155.37,  
4 354, 355.2, 355.3, 355b, 355d, 356g, 356g.5, 356g.5-1, 356m,  
5 356q, 356r, 356t, 356u, 356u.10, 356v, 356w, 356x, 356y,  
6 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,  
7 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
8 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26,  
9 356z.29, 356z.30, 356z.32, 356z.32a, 356z.33, 356z.40,  
10 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.56,  
11 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67,  
12 356z.68, 356z.71, 356z.72, 356z.74, 356z.75, 356z.77, 364.01,  
13 364.3, 367.2, 368a, 370a, 401, 401.1, 402, 403, 403A, 408,  
14 408.2, and 412, and paragraphs (7) and (15) of Section 367 of  
15 the Illinois Insurance Code.

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

22 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
23 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
24 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
25 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
26 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.

1       1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
2       eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
3       103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.  
4       1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,  
5       eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;  
6       103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.  
7       1-1-25; revised 11-26-24.)

8           Section 95. No acceleration or delay. Where this Act makes  
9       changes in a statute that is represented in this Act by text  
10      that is not yet or no longer in effect (for example, a Section  
11      represented by multiple versions), the use of that text does  
12      not accelerate or delay the taking effect of (i) the changes  
13      made by this Act or (ii) provisions derived from any other  
14      Public Act.

15           Section 99. Effective date. This Act takes effect January  
16      1, 2026.".