



Rep. Nicolle Grasse

Filed: 3/13/2025

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,
19 dental care provider, or dental care facility, including any
20 interest required under Section 368a~~7~~ of this Code for failure
21 to pay claims within 30 days after receipt by the insurer of
22 due proof of loss. Nothing in this Section shall be construed
23 to prevent any parties from reconciling duplicate payments.
24 (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

adding Section 38.1 as follows:

(215 ILCS 110/38.1 new)

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

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

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

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

Sec. 5-3. Illinois Insurance Code provisions.

(a) Health Maintenance Organizations shall be subject to the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47, 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 (1) the Director shall give primary consideration to
2 the continuation of benefits to enrollees and the
3 financial conditions of the acquired Health Maintenance
4 Organization after the merger, consolidation, or other
5 acquisition of control takes effect;

6 (2) (i) the criteria specified in subsection (1) (b) of
7 Section 131.8 of the Illinois Insurance Code shall not
8 apply and (ii) the Director, in making his determination
9 with respect to the merger, consolidation, or other
10 acquisition of control, need not take into account the
11 effect on competition of the merger, consolidation, or
12 other acquisition of control;

13 (3) the Director shall have the power to require the
14 following information:

15 (A) certification by an independent actuary of the
16 adequacy of the reserves of the Health Maintenance
17 Organization sought to be acquired;

18 (B) pro forma financial statements reflecting the
19 combined balance sheets of the acquiring company and
20 the Health Maintenance Organization sought to be
21 acquired as of the end of the preceding year and as of
22 a date 90 days prior to the acquisition, as well as pro
23 forma financial statements reflecting projected
24 combined operation for a period of 2 years;

25 (C) a pro forma business plan detailing an
26 acquiring party's plans with respect to the operation

1 of the Health Maintenance Organization sought to be
2 acquired for a period of not less than 3 years; and

3 (D) such other information as the Director shall
4 require.

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

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

21 (f) Except for small employer groups as defined in the
22 Small Employer Rating, Renewability and Portability Health
23 Insurance Act and except for medicare supplement policies as
24 defined in Section 363 of the Illinois Insurance Code, a
25 Health Maintenance Organization may by contract agree with a
26 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

1 Organization after the merger, consolidation, or other
2 acquisition of control takes effect;

3 (2) (i) the criteria specified in subsection (1) (b) of
4 Section 131.8 of the Illinois Insurance Code shall not
5 apply and (ii) the Director, in making his determination
6 with respect to the merger, consolidation, or other
7 acquisition of control, need not take into account the
8 effect on competition of the merger, consolidation, or
9 other acquisition of control;

10 (3) the Director shall have the power to require the
11 following information:

12 (A) certification by an independent actuary of the
13 adequacy of the reserves of the Health Maintenance
14 Organization sought to be acquired;

15 (B) pro forma financial statements reflecting the
16 combined balance sheets of the acquiring company and
17 the Health Maintenance Organization sought to be
18 acquired as of the end of the preceding year and as of
19 a date 90 days prior to the acquisition, as well as pro
20 forma financial statements reflecting projected
21 combined operation for a period of 2 years;

22 (C) a pro forma business plan detailing an
23 acquiring party's plans with respect to the operation
24 of the Health Maintenance Organization sought to be
25 acquired for a period of not less than 3 years; and

26 (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."