



Rep. Rick Ryan

Filed: 3/26/2025

10400HB2371ham002

LRB104 06098 BAB 24352 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 Accident and Health Insurance,
8 including dental insurance. No provision of the Illinois
9 Insurance Code, or any other law, prohibits an insured under
10 any policy of dental insurance or accident and health
11 insurance or any other person who may be the owner of any
12 rights under any such policy from making an assignment of all
13 or any part of his rights and privileges under the policy
14 including but not limited to the right to designate a
15 beneficiary and to have an individual policy issued in
16 accordance with its terms. Subject to the terms of the policy

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

1 Section 10. The Dental Service Plan Act is amended by
2 adding Section 38.1 as follows:

3 (215 ILCS 110/38.1 new)

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

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

9 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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

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

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

1 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,
2 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,
3 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,
4 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,
5 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
6 368d, 368e, 370a, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
7 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
8 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
9 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
10 Illinois Insurance Code.

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

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

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

19 (3) a corporation organized under the laws of another
20 state, 30% or more of the enrollees of which are residents
21 of this State, except a corporation subject to
22 substantially the same requirements in its state of
23 organization as is a "domestic company" under Article VIII
24 1/2 of the Illinois Insurance Code.

25 (c) In considering the merger, consolidation, or other
26 acquisition of control of a Health Maintenance Organization

1 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

2 (1) the Director shall give primary consideration to
3 the continuation of benefits to enrollees and the
4 financial conditions of the acquired Health Maintenance
5 Organization after the merger, consolidation, or other
6 acquisition of control takes effect;

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

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

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

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

26 (C) a pro forma business plan detailing an

1 acquiring party's plans with respect to the operation
2 of the Health Maintenance Organization sought to be
3 acquired for a period of not less than 3 years; and

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

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

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

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

1 group or other enrollment unit to effect refunds or charge
2 additional premiums under the following terms and conditions:

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

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

24 The Health Maintenance Organization shall include a
25 statement in the evidence of coverage issued to each enrollee
26 describing the possibility of a refund or additional premium,

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

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

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

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

1 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
2 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
3 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
4 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
5 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
6 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
7 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.
8 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

9 (Text of Section after 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,
16 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
17 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
18 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
19 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
20 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
21 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
22 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
23 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
24 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
25 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,

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

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

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

14 (2) a corporation organized under the laws of this
15 State; or

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

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

25 (1) the Director shall give primary consideration to
26 the continuation of benefits to enrollees and the

1 financial conditions of the acquired Health Maintenance
2 Organization after the merger, consolidation, or other
3 acquisition of control takes effect;

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

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

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

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

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

1 (D) such other information as the Director shall
2 require.

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

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

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

26 (i) the amount of, and other terms and conditions with

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

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

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

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

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

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

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

1 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
2 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
3 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
4 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
5 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
6 11-26-24.)

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

9 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

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

1 Insurance Code, except for Sections 444 and 444.1 and Articles
2 XIII and XIII 1/2, limited health service organizations in the
3 following categories are deemed to be domestic companies:

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

5 (2) a corporation organized under the laws of another
6 state, 30% or more of the enrollees of which are residents
7 of this State, except a corporation subject to
8 substantially the same requirements in its state of
9 organization as is a domestic company under Article VIII
10 1/2 of the Illinois Insurance Code.

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

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

23 (215 ILCS 165/10) (from Ch. 32, par. 604)

24 Sec. 10. Application of Illinois Insurance Code

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

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

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

1 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
2 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
3 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
4 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.
5 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
6 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;
7 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.
8 1-1-25; revised 11-26-24.)

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

16 Section 99. Effective date. This Act takes effect January
17 1, 2026."