

## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

HB3677

Introduced 2/18/2025, by Rep. Nicole La Ha

#### SYNOPSIS AS INTRODUCED:

See Index

Creates the Complex Wheelchair Right to Repair Act. Provides that, for complex wheelchairs and parts for complex wheelchairs sold or used in the State, an original equipment manufacturer shall make available to an independent repair provider, solely for the purpose of repairing complex wheelchairs, on fair and reasonable terms, any documentation, parts, service access methods, and tools, including, but not limited to, any updates to information, firmware, or embedded software that is needed for purposes of repair of complex wheelchairs and training courses and materials on the operation, inspection, diagnosis, maintenance, and repair of complex wheelchairs. Provides that a violation of any of the provisions of the Act is an unlawful practice under the Consumer Fraud and Deceptive Business Practices Act. Provides for penalties. Provides that nothing in the Act shall require an original equipment manufacturer to divulge a trade secret to an independent repair provider. Amends the Illinois Insurance Code. Prohibits a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2026 from requiring a qualified complex rehabilitation technology supplier to obtain any form of prior authorization or any medical documentation to complete repairs for consumer-owned complex rehab technology. Requires coverage for time and labor expenses; travel allowance; and maintenance and repair of a consumer's backup power wheelchair or a rental wheelchair. Provides coverage for preventive maintenance. Amends various Acts to require coverage under those provisions. Amends the Consumer Fraud and Deceptive Business Practices Act to make a conforming change. Effective January 1, 2026.

LRB104 09531 BAB 19594 b

1 AN ACT concerning business.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the  
5 Complex Wheelchair Right to Repair Act.

6 Section 5. Definitions. As used in this Act:

7 "Authorized repair provider" means an individual or  
8 business who has an arrangement with the original equipment  
9 manufacturer under which the original equipment manufacturer  
10 grants to the individual or business a license to use a trade  
11 name, service mark, or other proprietary identifier for the  
12 purposes of offering the services of diagnosis, maintenance,  
13 or repair of a complex wheelchair under the name of the  
14 original equipment manufacturer, or other arrangement with the  
15 original equipment manufacturer to offer such services on  
16 behalf of the original equipment manufacturer. An original  
17 equipment manufacturer who offers the services of diagnosis,  
18 maintenance, or repair of its own complex wheelchair, and who  
19 does not have an arrangement with an unaffiliated individual  
20 or business, shall be considered an authorized repair provider  
21 with respect to complex wheelchairs.

22 "Complex wheelchair" means a manual wheelchair or a  
23 power-driven wheelchair that can accommodate rehabilitative

1 accessories and features. As used in this definition, a  
2 power-driven wheelchair includes the following  
3 classifications: (i) group 2 power wheelchair with power  
4 options; (ii) group 3 power wheelchair; (iii) group 4 power  
5 wheelchair; or (iv) group 5 power wheelchair.

6 "Documentation" means any manual, diagram, reporting  
7 output, service code description, schematic diagram, security  
8 codes, passwords, or other guidance or information used in  
9 effecting the services of diagnosis, maintenance, or repair of  
10 a complex wheelchair.

11 "Fair and reasonable terms" means making available parts,  
12 tools, or documentation as follows:

13 (1) that documentation is made available by the  
14 original equipment manufacturer at no charge, except that,  
15 when the documentation is requested in physical printed  
16 form, a charge may be included for the reasonable, actual  
17 costs of preparing and sending the copy;

18 (2) that tools are made available by the original  
19 equipment manufacturer at no charge and without requiring  
20 authorization or internet access for use or operation of  
21 the tool, or imposing impediments to access or use of the  
22 tools to diagnose, maintain, or repair and enable full  
23 functionality of digital electronic equipment, or in a  
24 manner that impairs the efficient and cost-effective  
25 performance of any such diagnosis, maintenance, or repair,  
26 except that, when the tool is requested in physical form,

1 a charge may be included for the reasonable, actual costs  
2 of preparing and sending the tool; and

3 (3) that parts are made available by the original  
4 equipment manufacturer, either directly or through an  
5 authorized repair provider, to independents repair  
6 providers and owners at costs and terms that are  
7 equivalent to the most favorable costs and terms under  
8 which an original equipment manufacturer offers the parts  
9 to an authorized repair provider and that:

10 (A) accounts for any discount, rebate, convenient  
11 and timely means of delivery, means of enabling fully  
12 restored and updated functionality, rights of use, or  
13 other incentive and preference the original  
14 manufacturer offers to an authorized repair provider,  
15 or any additional cost, burden, or impediment the  
16 original equipment manufacturer imposes on an owner or  
17 independent repair provider;

18 (B) is not conditioned on or imposing a  
19 substantial obligation or restriction that is not  
20 reasonably necessary for enabling the owner or  
21 independent repair provider to engage in the  
22 diagnosis, maintenance, or repair of equipment made by  
23 or on behalf of the original equipment manufacturer;  
24 and

25 (C) is not conditioned on an arrangement with the  
26 original equipment manufacturer.

1 "Independent repair provider" means an individual or  
2 business operating in this State that is unaffiliated with an  
3 original equipment manufacturer that is engaged in the  
4 services of diagnosis, maintenance, or repair of complex  
5 wheelchairs.

6 "Original equipment manufacturer" means a business engaged  
7 in the business of selling, leasing, or otherwise supplying  
8 new complex wheelchairs manufactured by, or on behalf of,  
9 itself, to any individual or business.

10 "Owner" means an individual or business who owns or leases  
11 a complex wheelchair purchased or used in this State.

12 "Part" means any replacement part, either new or used,  
13 made available by an original equipment manufacturer for  
14 purposes of effecting the services of maintenance or repair of  
15 a complex wheelchair manufactured by or on behalf of, sold, or  
16 otherwise supplied by the original equipment manufacturer.

17 "Tools" means any software program, hardware implement, or  
18 other apparatus used for diagnosis, maintenance, or repair of  
19 a complex wheelchair, including software or other mechanisms  
20 that provision, program, or pair a new part, calibrate  
21 functionality, or perform any other function required to bring  
22 the product back to fully functional condition, including any  
23 updates.

24 "Trade secret" has the meaning given to that term in  
25 subsection (d) of Section 2 of the Illinois Trade Secrets Act.

1       Section 10. Right to repair.

2       (a) For complex wheelchairs and parts for complex  
3 wheelchairs that are sold or used in this State, an original  
4 equipment manufacturer shall make available to any independent  
5 repair provider and owner of a complex wheelchair manufactured  
6 by on behalf of, or sold by such original equipment  
7 manufacturer, on fair and reasonable terms, any documentation,  
8 parts, and tools, required for the diagnosis, maintenance, or  
9 repair of such a complex wheelchair and parts for the complex  
10 wheelchair, inclusive of any updates to information. The  
11 documentation parts and tools shall be made available either  
12 directly by the original equipment manufacturer or via an  
13 authorized repair provider.

14       (b) For equipment that contains an electronic security  
15 lock or other security-related function, the original  
16 equipment manufacturer shall make available to any owner and  
17 independent repair provider, on fair and reasonable terms, any  
18 special documentation, tools, and parts needed to access and  
19 reset the lock or function when disabled in the course of  
20 diagnosis, maintenance, or repair of the complex wheelchair.  
21 The documentation, tools, and parts may be made available  
22 through appropriate secure release systems.

23       Section 15. Enforcement by Attorney General. A violation  
24 of any of the provisions of this Act is an unlawful practice  
25 under the Consumer Fraud and Deceptive Business Practices Act.

1 All remedies, penalties, and authority granted to the Attorney  
2 General by that Act shall be available to him or her for the  
3 enforcement of this Act.

4 Section 20. Limitations.

5 (a) Nothing in this Act shall require an original  
6 equipment manufacturer to divulge any trade secret to any  
7 owner or independent service provider.

8 (b) Nothing in this Act shall to alter the terms of any  
9 arrangement in force between an authorized repair provider and  
10 an original equipment manufacturer, including, but not limited  
11 to, the performance or provision of warranty or recall repair  
12 work by an authorized repair provider on behalf of an original  
13 equipment manufacturer and pursuant to such arrangement,  
14 except that any provision in the terms that purports to waive,  
15 avoid, restrict or limit the original equipment manufacturer's  
16 obligations to comply with this Act shall be void and  
17 unenforceable.

18 (c) No original equipment manufacturer or authorized  
19 repair provider shall be liable for any damage or injury  
20 caused to any complex wheelchair by an independent repair  
21 provider or owner which occurs during the course of repair,  
22 diagnosis, or maintenance.

23 Section 25. Applicability. This Act applies with respect  
24 to complex wheelchairs sold or in use on or after the effective

1 date of this Act.

2 Section 30. The State Employees Group Insurance Act of  
3 1971 is amended by changing Section 6.11 as follows:

4 (5 ILCS 375/6.11)

5 Sec. 6.11. Required health benefits; Illinois Insurance  
6 Code requirements. The program of health benefits shall  
7 provide the post-mastectomy care benefits required to be  
8 covered by a policy of accident and health insurance under  
9 Section 356t of the Illinois Insurance Code. The program of  
10 health benefits shall provide the coverage required under  
11 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,  
12 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
13 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
14 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
15 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
16 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,  
17 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~  
18 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, 356z.77, and 356z.80  
19 of the Illinois Insurance Code. The program of health benefits  
20 must comply with Sections 155.22a, 155.37, 355b, 356z.19,  
21 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance  
22 Code. The program of health benefits shall provide the  
23 coverage required under Section 356m of the Illinois Insurance  
24 Code and, for the employees of the State Employee Group



1 Insurance Program only, the coverage as also provided in  
2 Section 6.11B of this Act. The Department of Insurance shall  
3 enforce the requirements of this Section with respect to  
4 Sections 370c and 370c.1 of the Illinois Insurance Code; all  
5 other requirements of this Section shall be enforced by the  
6 Department of Central Management Services.

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

13 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
14 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
15 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,  
16 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
17 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
18 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,  
19 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;  
20 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.  
21 8-11-23; 103-605, eff. 7-1-24; 103-718, eff. 7-19-24; 103-751,  
22 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;  
23 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.  
24 1-1-25; revised 11-26-24.)

25 Section 35. The Counties Code is amended by changing

Section 5-1069.3 as follows:

(55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and 356z.70, and 356z.71,~~ 356z.74, 356z.77, and 356z.80 of the Illinois Insurance Code.

The coverage shall comply with Sections 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section. The requirement that health benefits be covered as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule county to which this Section applies must comply with every provision of this Section.

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

7 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
9 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
10 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
11 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
12 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
13 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
14 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
15 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
16 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
17 revised 11-26-24.)

18 Section 40. The Illinois Municipal Code is amended by  
19 changing Section 10-4-2.3 as follows:

20 (65 ILCS 5/10-4-2.3)

21 Sec. 10-4-2.3. Required health benefits. If a  
22 municipality, including a home rule municipality, is a  
23 self-insurer for purposes of providing health insurance  
24 coverage for its employees, the coverage shall include

1 coverage for the post-mastectomy care benefits required to be  
2 covered by a policy of accident and health insurance under  
3 Section 356t and the coverage required under Sections 356g,  
4 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x,  
5 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
6 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
7 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
8 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
9 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,  
10 356z.67, 356z.68, ~~and 356z.70, and 356z.71,~~ 356z.74, 356z.77,  
11 and 356z.80 of the Illinois Insurance Code. The coverage shall  
12 comply with Sections 155.22a, 355b, 356z.19, and 370c of the  
13 Illinois Insurance Code. The Department of Insurance shall  
14 enforce the requirements of this Section. The requirement that  
15 health benefits be covered as provided in this is an exclusive  
16 power and function of the State and is a denial and limitation  
17 under Article VII, Section 6, subsection (h) of the Illinois  
18 Constitution. A home rule municipality to which this Section  
19 applies must comply with every provision of this Section.

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

26 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;

1 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
2 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
3 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
4 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
5 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
6 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
7 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
8 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
9 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
10 revised 11-26-24.)

11 Section 45. The School Code is amended by changing Section  
12 10-22.3f as follows:

13 (105 ILCS 5/10-22.3f)

14 Sec. 10-22.3f. Required health benefits. Insurance  
15 protection and benefits for employees shall provide the  
16 post-mastectomy care benefits required to be covered by a  
17 policy of accident and health insurance under Section 356t and  
18 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
19 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,  
20 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,  
21 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
22 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
23 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,  
24 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~

1     356z.71, 356z.74, 356z.77, and 356z.80 of the Illinois  
2     Insurance Code. Insurance policies shall comply with Section  
3     356z.19 of the Illinois Insurance Code. The coverage shall  
4     comply with Sections 155.22a, 355b, and 370c of the Illinois  
5     Insurance Code. The Department of Insurance shall enforce the  
6     requirements of this Section.

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

13    (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
14    102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
15    1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,  
16    eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
17    102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
18    1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
19    eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
20    103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-718, eff.  
21    7-19-24; 103-751, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918,  
22    eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

23    Section 50. The Illinois Insurance Code is amended by  
24    adding Section 365z.80 as follows:

1 (215 ILCS 5/365z.80 new)

2 Sec. 365z.80. Coverage for complex wheelchair service and  
3 repair. As used in this Section:

4 "Complex wheelchair" has the meaning set forth in the  
5 Complex Wheelchair Right to Repair Act.

6 "Preventive maintenance" means the regular and routine  
7 maintenance of a wheelchair, as described in the owner's  
8 manual, to ensure the wheelchair maintains its originally  
9 designed quality, function, and utility.

10 "Prior authorization" means any requirement held by the  
11 payer that the covered person or the qualified complex  
12 rehabilitation technology supplier obtain written or verbal  
13 approval from the payer before completing needed services or  
14 providing equipment to a covered person.

15 "Qualified complex rehabilitation technology  
16 professional" means an individual who is certified as an  
17 assistive technology professional (ATP) by a professional  
18 organization providing certification of assistive technology  
19 professions.

20 "Qualified complex rehabilitation technology supplier"  
21 means a company or entity that:

22 (1) is accredited by a recognized accrediting  
23 organization as a supplier of complex rehabilitation  
24 technology;

25 (2) is an employer of at least one qualified complex  
26 rehabilitation technology professional to analyze the

1 needs and capacities of the complex needs of consumers in  
2 consultation with qualified health care professionals; to  
3 participate in the selection of appropriate complex  
4 rehabilitation technology for those needs and capacities  
5 of the complex needs consumer; and to provide training in  
6 the proper use of the complex rehabilitation technology;

7 (3) requires a qualified complex rehabilitation  
8 technology professional to be physically present for the  
9 evaluation and determination of appropriate complex  
10 rehabilitation technology for a complex needs consumer;

11 (4) has the capability to provide service and repair  
12 by trained technicians for all complex rehabilitation  
13 technology it sells; and

14 (5) provides written information at the time of  
15 delivery of the complex rehabilitation technology to the  
16 complex needs consumer stating how the complex needs  
17 consumer may receive service and repair for the complex  
18 rehabilitation technology.

19 (b) A group or individual policy of accident and health  
20 insurance or a managed care plan that is amended, delivered,  
21 issued, or renewed on or after January 1, 2026 shall not  
22 require:

23 (1) a qualified complex rehabilitation technology  
24 supplier to obtain any form of prior authorization; or

25 (2) any medical documentation to complete repairs for  
26 consumer-owned complex rehab technology.



1       Documentation of any repairs or maintenance completed for  
2       consumer owned complex wheelchairs shall be maintained by the  
3       complex rehabilitation technology supplier. The documentation  
4       shall not be subject to general audits.

5       (c) A group or individual policy of accident and health  
6       insurance or a managed care plan that is amended, delivered,  
7       issued, or renewed on or after January 1, 2026 shall provide  
8       coverage for:

9               (1) the time and labor to evaluate and diagnose  
10              complex wheelchair issues;

11              (2) travel allowance of the repair company for when  
12              travel to the customer's location is required to evaluate  
13              and repair the complex wheelchair; and

14              (3) the maintenance and repair of a consumer's backup  
15              complex wheelchair or, if unavailable, a rental wheelchair  
16              during the time the primary complex wheelchair is under  
17              repair.

18       (d) A group or individual policy of accident and health  
19       insurance or a managed care plan that is amended, delivered,  
20       issued, or renewed on or after January 1, 2026 shall provide  
21       coverage for preventive maintenance as follows:

22              (1) preventive maintenance shall be performed by a  
23              qualified technician who is an employee of the qualified  
24              rehabilitation supplier;

25              (2) coverage for preventive maintenance shall  
26              encompass the cost of labor, parts, diagnostic and

evaluation time, travel or trip charges, and other related costs;

(3) preventive maintenance shall not require prior authorization;

(4) preventive maintenance shall not require medical necessity documentation to be obtained or maintained by the qualified rehabilitation supplier; and

(5) the qualified complex rehabilitation technology supplier shall document and maintain all records of preventive maintenance services performed.

Any preventive maintenance performed in accordance with this subsection may be performed during a wheelchair repair appointment for an unrelated issue and is not required to be a stand-alone event.

Section 55. 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. 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,

1 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,  
2 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
4 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,  
5 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,  
6 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,  
7 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,  
8 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,  
9 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,  
10 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,  
11 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,  
12 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
13 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
14 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
15 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
16 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
17 Illinois Insurance Code.

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

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

24 (2) a corporation organized under the laws of this  
25 State; or

26 (3) a corporation organized under the laws of another

1 state, 30% or more of the enrollees of which are residents  
2 of this State, except a corporation subject to  
3 substantially the same requirements in its state of  
4 organization as is a "domestic company" under Article VIII  
5 1/2 of the Illinois Insurance Code.

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

9 (1) the Director shall give primary consideration to  
10 the continuation of benefits to enrollees and the  
11 financial conditions of the acquired Health Maintenance  
12 Organization after the merger, consolidation, or other  
13 acquisition of control takes effect;

14 (2) (i) the criteria specified in subsection (1) (b) of  
15 Section 131.8 of the Illinois Insurance Code shall not  
16 apply and (ii) the Director, in making his determination  
17 with respect to the merger, consolidation, or other  
18 acquisition of control, need not take into account the  
19 effect on competition of the merger, consolidation, or  
20 other acquisition of control;

21 (3) the Director shall have the power to require the  
22 following information:

23 (A) certification by an independent actuary of the  
24 adequacy of the reserves of the Health Maintenance  
25 Organization sought to be acquired;

26 (B) pro forma financial statements reflecting the

1 combined balance sheets of the acquiring company and  
2 the Health Maintenance Organization sought to be  
3 acquired as of the end of the preceding year and as of  
4 a date 90 days prior to the acquisition, as well as pro  
5 forma financial statements reflecting projected  
6 combined operation for a period of 2 years;

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

11 (D) such other information as the Director shall  
12 require.

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

19 (e) In considering any management contract or service  
20 agreement subject to Section 141.1 of the Illinois Insurance  
21 Code, the Director (i) shall, in addition to the criteria  
22 specified in Section 141.2 of the Illinois Insurance Code,  
23 take into account the effect of the management contract or  
24 service agreement on the continuation of benefits to enrollees  
25 and the financial condition of the health maintenance  
26 organization to be managed or serviced, and (ii) need not take

1 into account the effect of the management contract or service  
2 agreement on competition.

3 (f) Except for small employer groups as defined in the  
4 Small Employer Rating, Renewability and Portability Health  
5 Insurance Act and except for medicare supplement policies as  
6 defined in Section 363 of the Illinois Insurance Code, a  
7 Health Maintenance Organization may by contract agree with a  
8 group or other enrollment unit to effect refunds or charge  
9 additional premiums under the following terms and conditions:

10 (i) the amount of, and other terms and conditions with  
11 respect to, the refund or additional premium are set forth  
12 in the group or enrollment unit contract agreed in advance  
13 of the period for which a refund is to be paid or  
14 additional premium is to be charged (which period shall  
15 not be less than one year); and

16 (ii) the amount of the refund or additional premium  
17 shall not exceed 20% of the Health Maintenance  
18 Organization's profitable or unprofitable experience with  
19 respect to the group or other enrollment unit for the  
20 period (and, for purposes of a refund or additional  
21 premium, the profitable or unprofitable experience shall  
22 be calculated taking into account a pro rata share of the  
23 Health Maintenance Organization's administrative and  
24 marketing expenses, but shall not include any refund to be  
25 made or additional premium to be paid pursuant to this  
26 subsection (f)). The Health Maintenance Organization and

1       the group or enrollment unit may agree that the profitable  
2       or unprofitable experience may be calculated taking into  
3       account the refund period and the immediately preceding 2  
4       plan years.

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

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

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

(Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff. 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445, eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25; 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

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

Sec. 5-3. 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, 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,



1 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,  
2 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,  
3 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,  
4 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,  
5 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,  
6 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,  
7 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,  
8 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,  
9 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,  
10 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,  
11 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)  
12 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
13 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
14 Illinois Insurance Code.

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

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

21 (2) a corporation organized under the laws of this  
22 State; or

23 (3) a corporation organized under the laws of another  
24 state, 30% or more of the enrollees of which are residents  
25 of this State, except a corporation subject to  
26 substantially the same requirements in its state of

1 organization as is a "domestic company" under Article VIII  
2 1/2 of the Illinois Insurance Code.

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

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

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

18 (3) the Director shall have the power to require the  
19 following information:

20 (A) certification by an independent actuary of the  
21 adequacy of the reserves of the Health Maintenance  
22 Organization sought to be acquired;

23 (B) pro forma financial statements reflecting the  
24 combined balance sheets of the acquiring company and  
25 the Health Maintenance Organization sought to be  
26 acquired as of the end of the preceding year and as of

1 a date 90 days prior to the acquisition, as well as pro  
2 forma financial statements reflecting projected  
3 combined operation for a period of 2 years;

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

8 (D) such other information as the Director shall  
9 require.

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

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

26 (f) Except for small employer groups as defined in the

1 Small Employer Rating, Renewability and Portability Health  
2 Insurance Act and except for medicare supplement policies as  
3 defined in Section 363 of the Illinois Insurance Code, a  
4 Health Maintenance Organization may by contract agree with a  
5 group or other enrollment unit to effect refunds or charge  
6 additional premiums under the following terms and conditions:

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

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

1 plan years.

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

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

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
26 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,

1 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
2 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
3 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
4 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
5 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
6 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
7 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;  
8 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.  
9 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,  
10 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;  
11 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.  
12 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised  
13 11-26-24.)

14 Section 60. The Limited Health Service Organization Act is  
15 amended by changing Section 4003 as follows:

16 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

17 Sec. 4003. Illinois Insurance Code provisions. Limited  
18 health service organizations shall be subject to the  
19 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
20 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,  
21 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,  
22 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,  
23 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,  
24 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,

1 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,  
2 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1,  
3 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and  
4 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and  
5 XXVI of the Illinois Insurance Code. Nothing in this Section  
6 shall require a limited health care plan to cover any service  
7 that is not a limited health service. For purposes of the  
8 Illinois Insurance Code, except for Sections 444 and 444.1 and  
9 Articles XIII and XIII 1/2, limited health service  
10 organizations in the following categories are deemed to be  
11 domestic companies:

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

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

19 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
20 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
21 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
22 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
23 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
24 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
25 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;  
26 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.

1 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,  
2 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

3 Section 65. The Voluntary Health Services Plans Act is  
4 amended by changing Section 10 as follows:

5 (215 ILCS 165/10) (from Ch. 32, par. 604)

6 Sec. 10. Application of Insurance Code provisions. Health  
7 services plan corporations and all persons interested therein  
8 or dealing therewith shall be subject to the provisions of  
9 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
10 143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,  
11 355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,  
12 356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,  
13 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,  
14 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,  
15 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,  
16 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,  
17 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,  
18 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,  
19 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,  
20 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
21 and paragraphs (7) and (15) of Section 367 of the Illinois  
22 Insurance Code.

23 Rulemaking authority to implement Public Act 95-1045, if  
24 any, is conditioned on the rules being adopted in accordance



1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

5 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
6 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
7 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
8 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
9 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.  
10 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
11 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
12 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.  
13 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,  
14 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;  
15 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.  
16 1-1-25; revised 11-26-24.)

17 Section 70. The Illinois Public Aid Code is amended by  
18 changing Section 5-16.8 as follows:

19 (305 ILCS 5/5-16.8)

20 Sec. 5-16.8. Required health benefits. The medical  
21 assistance program shall (i) provide the post-mastectomy care  
22 benefits required to be covered by a policy of accident and  
23 health insurance under Section 356t and the coverage required  
24 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,

1 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
2 356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61, 356z.64,  
3 ~~and~~ 356z.67, ~~and~~ 356z.71, 356z.75, and 356z.80 of the Illinois  
4 Insurance Code, (ii) be subject to the provisions of Sections  
5 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the  
6 Illinois Insurance Code, and (iii) be subject to the  
7 provisions of subsection (d-5) of Section 10 of the Network  
8 Adequacy and Transparency Act.

9 The Department, by rule, shall adopt a model similar to  
10 the requirements of Section 356z.39 of the Illinois Insurance  
11 Code.

12 On and after July 1, 2012, the Department shall reduce any  
13 rate of reimbursement for services or other payments or alter  
14 any methodologies authorized by this Code to reduce any rate  
15 of reimbursement for services or other payments in accordance  
16 with Section 5-5e.

17 To ensure full access to the benefits set forth in this  
18 Section, on and after January 1, 2016, the Department shall  
19 ensure that provider and hospital reimbursement for  
20 post-mastectomy care benefits required under this Section are  
21 no lower than the Medicare reimbursement rate.

22 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;  
23 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.  
24 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,  
25 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;  
26 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.

1 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,  
2 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;  
3 revised 11-26-24.)

4 Section 75. The Consumer Fraud and Deceptive Business  
5 Practices Act is amended by adding Section 2HHHH as follows:

6 (815 ILCS 505/2HHHH new)

7 Sec. 2HHHH. Violations of the Complex Wheelchair Right to  
8 Repair Act. A person who violates the Complex Wheelchair Right  
9 to Repair Act commits an unlawful practice within the meaning  
10 of this Act.

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

18 Section 99. Effective date. This Act takes effect January  
19 1, 2026.

## 1 INDEX

## 2 Statutes amended in order of appearance

## 3 New Act

4 5 ILCS 375/6.11

5 55 ILCS 5/5-1069.3

6 65 ILCS 5/10-4-2.3

7 105 ILCS 5/10-22.3f

8 215 ILCS 5/365z.80 new

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

10 215 ILCS 130/4003 from Ch. 73, par. 1504-3

11 215 ILCS 165/10 from Ch. 32, par. 604

12 305 ILCS 5/5-16.8

13 815 ILCS 505/2HHHH new