

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 Rehabilitation Technology Act.

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

7 "Complex manual wheelchair" means a manually driven  
8 complex wheelchair that accommodates rehabilitative  
9 accessories and features.

10 "Complex power wheelchair" means a power-driven wheelchair  
11 that is classified as any of the following: (i) a Group 2 power  
12 wheelchair with power options; (ii) a Group 3 power  
13 wheelchair; (iii) a Group 4 power wheelchair; or (iv) a Group 5  
14 power wheelchair.

15 "Complex rehabilitation technology" means an item that is  
16 (i) individually configured for an individual to meet specific  
17 and unique medical, physical, and functional needs and  
18 capacities for basic activities of daily living and  
19 instrumental activities of daily living and (ii) identified as  
20 medically necessary. "Complex rehabilitation technology"  
21 includes a complex wheelchair.

22 "Complex wheelchair" means a complex manual wheelchair or  
23 a complex power wheelchair.

1 "Qualified complex rehabilitation technology  
2 professional" means an individual who is certified as an  
3 assistive technology professional (ATP) by the Rehabilitation  
4 Engineering and Assistive Technology Society of North America  
5 (RESNA).

6 Section 10. Requirements for suppliers of complex  
7 wheelchairs. A person who sells or offers for sale complex  
8 rehabilitation technology in this State shall:

9 (1) be accredited by a recognized accrediting  
10 organization as a supplier of complex rehabilitation  
11 technology;

12 (2) employ at least one employee to whom the person  
13 furnishes an IRS W-2 form and who is a qualified complex  
14 rehabilitation technology professional, in order to  
15 analyze the needs and capacities of the complex needs of  
16 consumers in consultation with qualified health care  
17 professionals, participate in the selection of an  
18 appropriate complex rehabilitation technology for those  
19 needs and capacities of the complex needs consumer, and  
20 provide training in the proper use of the complex  
21 rehabilitation technology;

22 (3) require a qualified complex rehabilitation  
23 technology professional to be physically present for the  
24 evaluation and determination of appropriate complex  
25 rehabilitation technology for a complex needs consumer;

1           (4) be capable of providing service and repair by  
2           trained technicians for all complex rehabilitation  
3           technology it sells; and

4           (5) provide written information at the time of  
5           delivery of the complex wheelchair to the complex needs  
6           consumer stating how the complex needs consumer may  
7           receive service and repair for the complex rehabilitation  
8           technology.

9           Section 15. Repair services. A supplier of complex  
10          wheelchairs shall offer service and repairs to the consumer of  
11          the complex wheelchair for the useful life expectancy of the  
12          complex wheelchair, unless:

13               (1) the consumer has moved outside of the original  
14               supplier's service area;

15               (2) the damage that requires repair is the result of  
16               consumer abuse or misuse of the equipment that restricts  
17               coverage by the client's health plan, and the client  
18               refuses to pay for the repairs; or

19               (3) the consumer or the consumer's representative  
20               poses a potential threat to the health and safety of the  
21               supplier or is otherwise abusive.

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

1 remedies, penalties, and authority granted by that Act shall  
2 be available for the enforcement of this Act.

3 Section 30. Applicability. This Act applies with respect  
4 to complex wheelchairs sold or in use on or after the effective  
5 date of this Act.

6 Section 900. The State Employees Group Insurance Act of  
7 1971 is amended by changing Section 6.11 as follows:

8 (5 ILCS 375/6.11)

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

1 must comply with Sections 155.22a, 155.37, 355b, 356z.19,  
2 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance  
3 Code. The program of health benefits shall provide the  
4 coverage required under Section 356m of the Illinois Insurance  
5 Code and, for the employees of the State Employee Group  
6 Insurance Program only, the coverage as also provided in  
7 Section 6.11B of this Act. The Department of Insurance shall  
8 enforce the requirements of this Section with respect to  
9 Sections 370c and 370c.1 of the Illinois Insurance Code; all  
10 other requirements of this Section shall be enforced by the  
11 Department of Central Management Services.

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

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

1 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;  
2 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.  
3 1-1-25; revised 11-26-24.)

4 Section 905. The Counties Code is amended by changing  
5 Section 5-1069.3 as follows:

6 (55 ILCS 5/5-1069.3)

7 Sec. 5-1069.3. Required health benefits. If a county,  
8 including a home rule county, is a self-insurer for purposes  
9 of providing health insurance coverage for its employees, the  
10 coverage shall include coverage for the post-mastectomy care  
11 benefits required to be covered by a policy of accident and  
12 health insurance under Section 356t and the coverage required  
13 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u,  
14 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,  
15 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
16 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36,  
17 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,  
18 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61,  
19 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, and  
20 356z.74, 356z.77, and 356z.80 of the Illinois Insurance Code.

21 The coverage shall comply with Sections 155.22a, 355b,  
22 356z.19, and 370c of the Illinois Insurance Code. The  
23 Department of Insurance shall enforce the requirements of this  
24 Section. The requirement that health benefits be covered as

1 provided in this Section is an exclusive power and function of  
2 the State and is a denial and limitation under Article VII,  
3 Section 6, subsection (h) of the Illinois Constitution. A home  
4 rule county to which this Section applies must comply with  
5 every provision of this Section.

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

12 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
13 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
14 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
15 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
16 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
17 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
18 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
19 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
20 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
21 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
22 revised 11-26-24.)

23 Section 910. The Illinois Municipal Code is amended by  
24 changing Section 10-4-2.3 as follows:

1 (65 ILCS 5/10-4-2.3)

2 Sec. 10-4-2.3. Required health benefits. If a  
3 municipality, including a home rule municipality, is a  
4 self-insurer for purposes of providing health insurance  
5 coverage for its employees, the coverage shall include  
6 coverage for the post-mastectomy care benefits required to be  
7 covered by a policy of accident and health insurance under  
8 Section 356t and the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x,  
10 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
11 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
12 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
13 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
14 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,  
15 356z.67, 356z.68, ~~and 356z.70, and 356z.71,~~ 356z.74, 356z.77,  
16 and 356z.80 of the Illinois Insurance Code. The coverage shall  
17 comply with Sections 155.22a, 355b, 356z.19, and 370c of the  
18 Illinois Insurance Code. The Department of Insurance shall  
19 enforce the requirements of this Section. The requirement that  
20 health benefits be covered as provided in this is an exclusive  
21 power and function of the State and is a denial and limitation  
22 under Article VII, Section 6, subsection (h) of the Illinois  
23 Constitution. A home rule municipality to which this Section  
24 applies must comply with every provision of this Section.

25 Rulemaking authority to implement Public Act 95-1045, if  
26 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; 102-103, eff. 1-1-22;  
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
7 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
8 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
9 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 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;  
12 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
13 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
14 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
15 revised 11-26-24.)

16 Section 915. The School Code is amended by changing  
17 Section 10-22.3f as follows:

18 (105 ILCS 5/10-22.3f)

19 Sec. 10-22.3f. Required health benefits. Insurance  
20 protection and benefits for employees shall provide the  
21 post-mastectomy care benefits required to be covered by a  
22 policy of accident and health insurance under Section 356t and  
23 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
24 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,

1 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,  
2 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
3 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
4 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,  
5 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~  
6 356z.71, 356z.74, 356z.77, and 356z.80 of the Illinois  
7 Insurance Code. Insurance policies shall comply with Section  
8 356z.19 of the Illinois Insurance Code. The coverage shall  
9 comply with Sections 155.22a, 355b, and 370c of the Illinois  
10 Insurance Code. The Department of Insurance shall enforce the  
11 requirements of this Section.

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

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

1 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

2 Section 920. The Illinois Insurance Code is amended by  
3 adding Section 356z.80 as follows:

4 (215 ILCS 5/356z.80 new)

5 Sec. 356z.80. Coverage for complex wheelchair service and  
6 repair.

7 (a) As used in this Section:

8 "Complex rehabilitation technology" means a medically  
9 necessary complex wheelchair and associated accessories that  
10 is individually configured for an individual to meet specific  
11 and unique medical, physical, and functional needs and  
12 capacities for basic activities of daily living and  
13 instrumental activities of daily living.

14 "Complex wheelchair" has the meaning given in the Complex  
15 Rehabilitation Technology Act.

16 "Qualified complex rehabilitation technology supplier"  
17 means a person who meets the requirements of Section 10 of the  
18 Complex Rehabilitation Technology Act.

19 "Repair" means the repair or replacement of a deficient,  
20 broken, or otherwise malfunctioning part, component, hardware,  
21 or software, when the deficient, broken, or otherwise  
22 malfunctioning state of such part, component, hardware, or  
23 software results in the incapacity of or otherwise diminished  
24 capacity for use of a complex rehabilitation technology.

1       (b) A group or individual policy of accident and health  
2       insurance or a managed care plan that is amended, delivered,  
3       issued, or renewed on or after January 1, 2027 and that  
4       provides coverage for complex rehabilitation technology shall  
5       not require prior authorization, medical documentation, or  
6       proof of continued need to complete medically necessary  
7       repairs for consumer-owned complex rehabilitation technology  
8       unless:

9               (1) the repairs are covered under a manufacturer's  
10              warranty;

11              (2) the cumulative cost of the repairs exceeds 75% of  
12              the cost to replace the complex rehabilitation technology;  
13              or

14              (3) the complex rehabilitation technology in need of  
15              repair is subject to replacement because the age of the  
16              complex rehabilitation technology exceeds or is within one  
17              year of the expiration of the 5-year reasonable useful  
18              life of the complex rehabilitation technology.

19       (c) Notwithstanding subsection (b), a Medicaid managed  
20       care plan amended, delivered, issued, or renewed on or after  
21       January 1, 2027 and that provides coverage for complex  
22       rehabilitation technology shall not require prior  
23       authorization, medical documentation, or proof of continued  
24       need to complete medically necessary repairs for  
25       consumer-owned complex rehabilitation technology under the  
26       total value of \$1,500. Acceptance or denial of repairs of

1 \$1,500 or more must be made within 7 days of request of  
2 preauthorization.

3 Documentation of any repairs completed for consumer-owned  
4 complex rehabilitation technology shall be maintained by the  
5 qualified complex rehabilitation technology supplier  
6 conducting the repairs and must be made available to the  
7 insurer upon request.

8 (d) A group or individual policy of accident and health  
9 insurance or a managed care plan that is amended, delivered,  
10 issued, or renewed on or after January 1, 2027 and that  
11 provides coverage for a complex rehabilitation technology  
12 shall provide coverage for rented complex rehabilitation  
13 technology during the time the primary complex rehabilitation  
14 technology is under repair consistent with the provisions for  
15 consumer-owned complex rehabilitation technology in subsection  
16 (b).

17 (e) If, after a post-service review for medical necessity,  
18 an insurer finds that any repair of an item not covered at  
19 initial issue of the complex wheelchair was not medically  
20 necessary, the insurer and owner shall be held harmless for  
21 the cost of the repair and the qualified complex  
22 rehabilitation technology supplier that conducted the repair  
23 shall be liable for the cost of repair.

24 Section 925. The Health Maintenance Organization Act is  
25 amended by changing Section 5-3 as follows:

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

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

3 Sec. 5-3. Insurance Code provisions.

4 (a) Health Maintenance Organizations shall be subject to  
5 the provisions of Sections 133, 134, 136, 137, 139, 140,  
6 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
7 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
8 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,  
9 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,  
10 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
11 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
12 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,  
13 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,  
14 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,  
15 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,  
16 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,  
17 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,  
18 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,  
19 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,  
20 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
21 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
22 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
23 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
24 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
25 Illinois Insurance Code.

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

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

7 (2) a corporation organized under the laws of this  
8 State; or

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

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

18 (1) the Director shall give primary consideration to  
19 the continuation of benefits to enrollees and the  
20 financial conditions of the acquired Health Maintenance  
21 Organization after the merger, consolidation, or other  
22 acquisition of control takes effect;

23 (2) (i) the criteria specified in subsection (1) (b) of  
24 Section 131.8 of the Illinois Insurance Code shall not  
25 apply and (ii) the Director, in making his determination  
26 with respect to the merger, consolidation, or other

1 acquisition of control, need not take into account the  
2 effect on competition of the merger, consolidation, or  
3 other acquisition of control;

4 (3) the Director shall have the power to require the  
5 following information:

6 (A) certification by an independent actuary of the  
7 adequacy of the reserves of the Health Maintenance  
8 Organization sought to be acquired;

9 (B) pro forma financial statements reflecting the  
10 combined balance sheets of the acquiring company and  
11 the Health Maintenance Organization sought to be  
12 acquired as of the end of the preceding year and as of  
13 a date 90 days prior to the acquisition, as well as pro  
14 forma financial statements reflecting projected  
15 combined operation for a period of 2 years;

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

20 (D) such other information as the Director shall  
21 require.

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



1 to its health care certificates).

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

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

19 (i) the amount of, and other terms and conditions with  
20 respect to, the refund or additional premium are set forth  
21 in the group or enrollment unit contract agreed in advance  
22 of the period for which a refund is to be paid or  
23 additional premium is to be charged (which period shall  
24 not be less than one year); and

25 (ii) the amount of the refund or additional premium  
26 shall not exceed 20% of the Health Maintenance

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

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

26       In no event shall the Illinois Health Maintenance

1 Organization Guaranty Association be liable to pay any  
2 contractual obligation of an insolvent organization to pay any  
3 refund authorized under this Section.

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

10 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
11 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
12 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
13 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
14 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
15 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
16 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
17 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
18 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
19 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;  
20 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.  
21 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,  
22 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;  
23 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.  
24 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

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

1       Sec. 5-3. Insurance Code provisions.

2       (a) Health Maintenance Organizations shall be subject to  
3 the provisions of Sections 133, 134, 136, 137, 139, 140,  
4 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
5 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
6 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,  
7 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,  
8 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,  
9 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,  
10 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,  
11 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,  
12 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,  
13 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,  
14 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,  
15 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,  
16 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,  
17 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,  
18 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,  
19 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,  
20 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)  
21 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
22 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
23 Illinois Insurance Code.

24       (b) For purposes of the Illinois Insurance Code, except  
25 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,  
26 Health Maintenance Organizations in the following categories

1 are deemed to be "domestic companies":

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

4 (2) a corporation organized under the laws of this  
5 State; or

6 (3) a corporation organized under the laws of another  
7 state, 30% or more of the enrollees of which are residents  
8 of this State, except a corporation subject to  
9 substantially the same requirements in its state of  
10 organization as is a "domestic company" under Article VIII  
11 1/2 of the Illinois Insurance Code.

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

15 (1) the Director shall give primary consideration to  
16 the continuation of benefits to enrollees and the  
17 financial conditions of the acquired Health Maintenance  
18 Organization after the merger, consolidation, or other  
19 acquisition of control takes effect;

20 (2) (i) the criteria specified in subsection (1) (b) of  
21 Section 131.8 of the Illinois Insurance Code shall not  
22 apply and (ii) the Director, in making his determination  
23 with respect to the merger, consolidation, or other  
24 acquisition of control, need not take into account the  
25 effect on competition of the merger, consolidation, or  
26 other acquisition of control;

1           (3) the Director shall have the power to require the  
2 following information:

3           (A) certification by an independent actuary of the  
4 adequacy of the reserves of the Health Maintenance  
5 Organization sought to be acquired;

6           (B) pro forma financial statements reflecting the  
7 combined balance sheets of the acquiring company and  
8 the Health Maintenance Organization sought to be  
9 acquired as of the end of the preceding year and as of  
10 a date 90 days prior to the acquisition, as well as pro  
11 forma financial statements reflecting projected  
12 combined operation for a period of 2 years;

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

17           (D) such other information as the Director shall  
18 require.

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

25           (e) In considering any management contract or service  
26 agreement subject to Section 141.1 of the Illinois Insurance

1 Code, the Director (i) shall, in addition to the criteria  
2 specified in Section 141.2 of the Illinois Insurance Code,  
3 take into account the effect of the management contract or  
4 service agreement on the continuation of benefits to enrollees  
5 and the financial condition of the health maintenance  
6 organization to be managed or serviced, and (ii) need not take  
7 into account the effect of the management contract or service  
8 agreement on competition.

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

16 (i) the amount of, and other terms and conditions with  
17 respect to, the refund or additional premium are set forth  
18 in the group or enrollment unit contract agreed in advance  
19 of the period for which a refund is to be paid or  
20 additional premium is to be charged (which period shall  
21 not be less than one year); and

22 (ii) the amount of the refund or additional premium  
23 shall not exceed 20% of the Health Maintenance  
24 Organization's profitable or unprofitable experience with  
25 respect to the group or other enrollment unit for the  
26 period (and, for purposes of a refund or additional

1 premium, the profitable or unprofitable experience shall  
2 be calculated taking into account a pro rata share of the  
3 Health Maintenance Organization's administrative and  
4 marketing expenses, but shall not include any refund to be  
5 made or additional premium to be paid pursuant to this  
6 subsection (f)). The Health Maintenance Organization and  
7 the group or enrollment unit may agree that the profitable  
8 or unprofitable experience may be calculated taking into  
9 account the refund period and the immediately preceding 2  
10 plan years.

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

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



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

7 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
9 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
10 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
11 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
12 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
13 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
14 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
15 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
16 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;  
17 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.  
18 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,  
19 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;  
20 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.  
21 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised  
22 11-26-24.)

23 Section 930. The Limited Health Service Organization Act  
24 is amended by changing Section 4003 as follows:

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

Sec. 4003. Illinois Insurance Code provisions. Limited health service 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, 155.37, 155.49, 352c, 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71, 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code. Nothing in this Section shall require a limited health care plan to cover any service that is not a limited health service. For purposes of the Illinois Insurance Code, except for Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited health service organizations in the following categories are deemed to be domestic companies:

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

(2) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject to substantially the same requirements in its state of organization as is a domestic company under Article VIII

1           1/2 of the Illinois Insurance Code.  
2       (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
3       102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
4       1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
5       eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
6       102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
7       1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
8       eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;  
9       103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.  
10      7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,  
11      eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

12           Section 935. The Voluntary Health Services Plans Act is  
13      amended by changing Section 10 as follows:

14           (215 ILCS 165/10) (from Ch. 32, par. 604)

15           Sec. 10. Application of Insurance Code provisions. Health  
16      services plan corporations and all persons interested therein  
17      or dealing therewith shall be subject to the provisions of  
18      Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
19      143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,  
20      355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,  
21      356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,  
22      356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,  
23      356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,  
24      356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,

1 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,  
2 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,  
3 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,  
4 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,  
5 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
6 and paragraphs (7) and (15) of Section 367 of the Illinois  
7 Insurance Code.

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

14 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
15 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
16 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
17 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
18 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.  
19 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
20 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
21 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.  
22 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,  
23 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;  
24 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.  
25 1-1-25; revised 11-26-24.)

1       Section 940. The Illinois Public Aid Code is amended by  
2       changing Section 5-16.8 as follows:

3       (305 ILCS 5/5-16.8)

4       Sec. 5-16.8. Required health benefits. The medical  
5       assistance program shall (i) provide the post-mastectomy care  
6       benefits required to be covered by a policy of accident and  
7       health insurance under Section 356t and the coverage required  
8       under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,  
9       356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
10      356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61, 356z.64,  
11      ~~and~~ 356z.67, ~~and~~ 356z.71, 356z.75, and 356z.80 of the Illinois  
12      Insurance Code, (ii) be subject to the provisions of Sections  
13      356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the  
14      Illinois Insurance Code, and (iii) be subject to the  
15      provisions of subsection (d-5) of Section 10 of the Network  
16      Adequacy and Transparency Act.

17      The Department, by rule, shall adopt a model similar to  
18      the requirements of Section 356z.39 of the Illinois Insurance  
19      Code.

20      On and after July 1, 2012, the Department shall reduce any  
21      rate of reimbursement for services or other payments or alter  
22      any methodologies authorized by this Code to reduce any rate  
23      of reimbursement for services or other payments in accordance  
24      with Section 5-5e.

25      To ensure full access to the benefits set forth in this

1 Section, on and after January 1, 2016, the Department shall  
2 ensure that provider and hospital reimbursement for  
3 post-mastectomy care benefits required under this Section are  
4 no lower than the Medicare reimbursement rate.

5 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;  
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.  
7 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,  
8 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;  
9 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
10 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,  
11 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;  
12 revised 11-26-24.)

13 Section 945. The Consumer Fraud and Deceptive Business  
14 Practices Act is amended by adding Section 2HHHH as follows:

15 (815 ILCS 505/2HHHH new)

16 Sec. 2HHHH. Violations of the Complex Rehabilitation  
17 Technology Act. A person who violates the Complex  
18 Rehabilitation Technology Act commits an unlawful practice  
19 within the meaning of this Act.

20 Section 995. No acceleration or delay. Where this Act  
21 makes changes in a statute that is represented in this Act by  
22 text that is not yet or no longer in effect (for example, a  
23 Section represented by multiple versions), the use of that

1 text does not accelerate or delay the taking effect of (i) the  
2 changes made by this Act or (ii) provisions derived from any  
3 other Public Act.

4 Section 999. Effective date. This Act takes effect January  
5 1, 2026.