



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB0040

Introduced 1/13/2025, by Sen. Willie Preston

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11	
55 ILCS 5/5-1069.3	
65 ILCS 5/10-4-2.3	
105 ILCS 5/10-22.3f	
215 ILCS 5/356z.80 new	
215 ILCS 125/5-3	from Ch. 111 1/2, par. 1411.2
215 ILCS 130/4003	from Ch. 73, par. 1504-3
215 ILCS 165/10	from Ch. 32, par. 604
305 ILCS 5/5-16.8	
30 ILCS 805/8.49 new	

Amends the Illinois Insurance Code. Provides that 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, 2027 that provides coverage for: habilitative services shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental; rehabilitative services shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or habilitative services and rehabilitative services shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental, and shall provide coverage for rehabilitative speech therapy as a treatment for stuttering. Sets forth requirements and limitations for the coverage. Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code to require coverage under those provisions. Amends the State Mandates Act to require implementation without reimbursement. Effective January 1, 2027.

LRB104 03298 BAB 13320 b

1 AN ACT concerning regulation.

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

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

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

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

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

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

1 1-1-25; revised 11-26-24.)

2 Section 10. The Counties Code is amended by changing
3 Section 5-1069.3 as follows:

4 (55 ILCS 5/5-1069.3)

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

18 356z.74, 356z.77, and 356z.80 of the Illinois Insurance Code.

19 The coverage shall comply with Sections 155.22a, 355b,
20 356z.19, and 370c of the Illinois Insurance Code. The
21 Department of Insurance shall enforce the requirements of this
22 Section. The requirement that health benefits be covered as
23 provided in this Section is an exclusive power and function of
24 the State and is a denial and limitation under Article VII,

1 Section 6, subsection (h) of the Illinois Constitution. A home
2 rule county to which this Section applies must comply with
3 every provision of this Section.

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

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

21 Section 15. The Illinois Municipal Code is amended by
22 changing Section 10-4-2.3 as follows:

23 (65 ILCS 5/10-4-2.3)

24 Sec. 10-4-2.3. Required health benefits. If a

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

23 Rulemaking authority to implement Public Act 95-1045, if
24 any, is conditioned on the rules being adopted in accordance
25 with all provisions of the Illinois Administrative Procedure
26 Act and all rules and procedures of the Joint Committee on

1 Administrative Rules; any purported rule not so adopted, for
2 whatever reason, is unauthorized.

3 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
4 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
5 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
6 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
7 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
8 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
9 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
10 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
11 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
12 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;
13 revised 11-26-24.)

14 Section 20. The School Code is amended by changing Section
15 10-22.3f as follows:

16 (105 ILCS 5/10-22.3f)

17 Sec. 10-22.3f. Required health benefits. Insurance
18 protection and benefits for employees shall provide the
19 post-mastectomy care benefits required to be covered by a
20 policy of accident and health insurance under Section 356t and
21 the coverage required under Sections 356g, 356g.5, 356g.5-1,
22 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,
23 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,
24 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,

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

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

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

1 Section 25. The Illinois Insurance Code is amended by
2 adding Section 356z.80 as follows:

3 (215 ILCS 5/356z.80 new)

4 Sec. 356z.80. Coverage of treatment for stuttering.

5 (a) As used in this Section:

6 "Habilitative services" means health care services that
7 help a person keep, learn, or improve skills and functioning
8 for daily living.

9 "Habilitative speech therapy" means speech therapy that
10 helps a person keep, learn, or improve skills and functioning
11 for daily living.

12 "Rehabilitative services" means health care services that
13 help a person restore or improve skills and functioning for
14 daily living that have been lost or impaired.

15 "Rehabilitative speech therapy" means speech therapy that
16 helps a person restore or improve skills and functioning for
17 daily living that have been lost or impaired.

18 (b) Except as provided in subsection (d) of this Section,
19 a group or individual policy of accident and health insurance
20 or a managed care plan that is amended, delivered, issued, or
21 renewed on or after January 1, 2027 that provides coverage
22 for:

23 (1) habilitative services shall provide coverage for
24 habilitative speech therapy as a treatment for stuttering,
25 regardless of whether the stuttering is classified as

1 developmental;

2 (2) rehabilitative services shall provide coverage for
3 rehabilitative speech therapy as a treatment for
4 stuttering; or

5 (3) both habilitative services and rehabilitative
6 services shall provide the coverage required under
7 paragraphs (1) and (2) of this subsection.

8 (c) The coverage required under subsection (b) of this
9 Section shall:

10 (1) not be:

11 (A) subject to any maximum annual benefit limit,
12 including any limits on the number of visits an
13 insured may make to a speech-language pathologist;

14 (B) limited based on the type of disease, injury,
15 disorder, or other medical condition that resulted in
16 the stuttering; or

17 (C) subject to utilization review or utilization
18 management requirements, including prior
19 authorization;

20 (2) be considered medically necessary if the patient's
21 treating provider determines, in his or her clinical
22 judgment, that such speech therapy services for stuttering
23 are medically appropriate to help the patient keep, learn,
24 improve, or restore skills or functioning for daily
25 living; and

26 (3) include coverage for speech therapy provided in

1 person and via telehealth, which shall:

2 (A) not be less than the coverage required for
3 health benefit plans under Section 356z.22; and

4 (B) include the use of any communication
5 technology, application, or platform to deliver
6 telehealth services, except coverage may be restricted
7 to technology, applications, or platforms that are
8 compliant with any applicable privacy provisions of
9 the federal Health Insurance Portability and
10 Accountability Act of 1996, 42 U.S.C. 1320d et seq.,
11 as amended.

12 (d) If, at any time, the Secretary of the United States
13 Department of Health and Human Services, or its successor
14 agency, promulgates rules or regulations to be published in
15 the Federal Register or publishes a comment in the Federal
16 Register or issues an opinion, guidance, or other action that
17 would require the State, pursuant to any provision of the
18 Patient Protection and Affordable Care Act (Public Law
19 111-148), including, but not limited to, 42 U.S.C.
20 18031(d)(3)(B) or any successor provision, to defray the cost
21 of any coverage outlined in this Section, then this Section is
22 inoperative with respect to all coverage outlined in this
23 Section other than that authorized under Section 1902 of the
24 Social Security Act, 42 U.S.C. 1396a, and the State shall not
25 assume any obligation for the cost of the coverage set forth in
26 this Section.

1 Section 30. The Health Maintenance Organization Act is
2 amended by changing Section 5-3 as follows:

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

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

5 Sec. 5-3. Insurance Code provisions.

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

1 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
2 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
3 Illinois Insurance Code.

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

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

10 (2) a corporation organized under the laws of this
11 State; or

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

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

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

26 (2) (i) the criteria specified in subsection (1) (b) of

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

7 (3) the Director shall have the power to require the
8 following information:

9 (A) certification by an independent actuary of the
10 adequacy of the reserves of the Health Maintenance
11 Organization sought to be acquired;

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

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

23 (D) such other information as the Director shall
24 require.

25 (d) The provisions of Article VIII 1/2 of the Illinois
26 Insurance Code and this Section 5-3 shall apply to the sale by

1 any health maintenance organization of greater than 10% of its
2 enrollee population (including, without limitation, the health
3 maintenance organization's right, title, and interest in and
4 to its health care certificates).

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

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

22 (i) the amount of, and other terms and conditions with
23 respect to, the refund or additional premium are set forth
24 in the group or enrollment unit contract agreed in advance
25 of the period for which a refund is to be paid or
26 additional premium is to be charged (which period shall

1 not be less than one year); and

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

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

1 the resulting additional premium to be paid by the group or
2 enrollment unit.

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

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

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

1 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

2 (Text of Section after 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,
9 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
10 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
11 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
12 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
13 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
14 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
15 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
16 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
17 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
18 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
19 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
20 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,
21 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,
22 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)
23 of 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; 103-808, eff. 1-1-26; 103-914, eff.
24 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
25 11-26-24.)

1 Section 35. The Limited Health Service Organization Act is
2 amended by changing Section 4003 as follows:

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

4 Sec. 4003. Illinois Insurance Code provisions. Limited
5 health service organizations shall be subject to the
6 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
7 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,
8 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,
9 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,
10 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
11 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
12 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
13 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1,
14 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
15 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
16 XXVI of the Illinois Insurance Code. Nothing in this Section
17 shall require a limited health care plan to cover any service
18 that is not a limited health service. For purposes of the
19 Illinois Insurance Code, except for Sections 444 and 444.1 and
20 Articles XIII and XIII 1/2, limited health service
21 organizations in the following categories are deemed to be
22 domestic companies:

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

24 (2) a corporation organized under the laws of another
25 state, 30% or more of the enrollees of which are residents

1 of this State, except a corporation subject to
2 substantially the same requirements in its state of
3 organization as is a domestic company under Article VIII
4 1/2 of the Illinois Insurance Code.

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; 102-731, eff.
7 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
8 eff. 1-1-23; 102-860, 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; 103-426, eff. 8-4-23; 103-445,
11 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;
12 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.
13 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,
14 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

15 Section 40. The Voluntary Health Services Plans Act is
16 amended by changing Section 10 as follows:

17 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

1 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
2 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
3 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
4 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,
5 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,
6 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,
7 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,
8 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
9 and paragraphs (7) and (15) of Section 367 of the Illinois
10 Insurance Code.

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

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

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

3 Section 45. The Illinois Public Aid Code is amended by
4 changing Section 5-16.8 as follows:

5 (305 ILCS 5/5-16.8)

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

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

22 On and after July 1, 2012, the Department shall reduce any
23 rate of reimbursement for services or other payments or alter
24 any methodologies authorized by this Code to reduce any rate

1 of reimbursement for services or other payments in accordance
2 with Section 5-5e.

3 To ensure full access to the benefits set forth in this
4 Section, on and after January 1, 2016, the Department shall
5 ensure that provider and hospital reimbursement for
6 post-mastectomy care benefits required under this Section are
7 no lower than the Medicare reimbursement rate.

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

16 Section 90. The State Mandates Act is amended by adding
17 Section 8.49 as follows:

18 (30 ILCS 805/8.49 new)

19 Sec. 8.49. Exempt mandate. Notwithstanding Sections 6 and
20 8 of this Act, no reimbursement by the State is required for
21 the implementation of any mandate created by this amendatory
22 Act of the 104th General Assembly.

23 Section 95. No acceleration or delay. Where this Act makes

1 changes in a statute that is represented in this Act by text
2 that is not yet or no longer in effect (for example, a Section
3 represented by multiple versions), the use of that text does
4 not accelerate or delay the taking effect of (i) the changes
5 made by this Act or (ii) provisions derived from any other
6 Public Act.

7 Section 99. Effective date. This Act takes effect January
8 1, 2027.