



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB4847

Introduced 2/18/2020, by Rep. Deanne M. Mazzochi

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 5/356u	
215 ILCS 5/356x	
215 ILCS 5/356z.43 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	

Amends the Illinois Insurance Code. In provisions requiring insurance coverage for prostate-specific antigen tests and for colorectal cancer examination and screening, removes provisions requiring the testing be recommended or prescribed by a physician. Amends the Illinois Insurance Code, 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 insurance policies to provide coverage for testing to establish the presence or absence of sexually transmitted diseases or infections. Effective immediately.

LRB101 19329 BMS 68798 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

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 (Text of Section before amendment by P.A. 101-625)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g,
14 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
15 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
16 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,
17 356z.29, 356z.30a, 356z.32, ~~and~~ 356z.33, 356z.36, and 356z.43
18 of the Illinois Insurance Code. The program of health benefits
19 must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c,
20 and 370c.1~~7~~ and Article XXXIIB of the Illinois Insurance Code.
21 The Department of Insurance shall enforce the requirements of
22 this Section with respect to Sections 370c and 370c.1 of the
23 Illinois Insurance Code; all other requirements of this Section

1 shall be enforced by the Department of Central Management
2 Services.

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

9 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
10 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
11 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
12 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
13 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; revised 10-16-19.)

14 (Text of Section after amendment by P.A. 101-625)

15 Sec. 6.11. Required health benefits; Illinois Insurance
16 Code requirements. The program of health benefits shall provide
17 the post-mastectomy care benefits required to be covered by a
18 policy of accident and health insurance under Section 356t of
19 the Illinois Insurance Code. The program of health benefits
20 shall provide the coverage required under Sections 356g,
21 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
22 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
23 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,
24 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and
25 356z.43 of the Illinois Insurance Code. The program of health

1 benefits must comply with Sections 155.22a, 155.37, 355b,
2 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
3 Insurance Code. The Department of Insurance shall enforce the
4 requirements of this Section with respect to Sections 370c and
5 370c.1 of the Illinois Insurance Code; all other requirements
6 of this Section shall be enforced by the Department of Central
7 Management Services.

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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
15 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
16 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,
17 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
18 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
19 1-1-21.)

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

22 (55 ILCS 5/5-1069.3)

23 (Text of Section before amendment by P.A. 101-625)

24 Sec. 5-1069.3. Required health benefits. If a county,

1 including a home rule county, is a self-insurer for purposes of
2 providing health insurance coverage for its employees, the
3 coverage shall include coverage for the post-mastectomy care
4 benefits required to be covered by a policy of accident and
5 health insurance under Section 356t and the coverage required
6 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
7 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
8 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
9 356z.30a, ~~and 356z.32, and 356z.33~~, 356z.36, and 356z.43 of the
10 Illinois Insurance Code. The coverage shall comply with
11 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
12 Insurance Code. The Department of Insurance shall enforce the
13 requirements of this Section. The requirement that health
14 benefits be covered as provided in this Section is an exclusive
15 power and function of the State and is a denial and limitation
16 under Article VII, Section 6, subsection (h) of the Illinois
17 Constitution. A home rule county to which this Section applies
18 must comply with every provision of this Section.

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

25 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
26 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.

1 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
2 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
3 revised 10-16-19.)

4 (Text of Section after amendment by P.A. 101-625)

5 Sec. 5-1069.3. Required health benefits. If a county,
6 including a home rule county, is a self-insurer for purposes of
7 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, 356u, 356w, 356x,
12 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
13 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
14 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43
15 of the Illinois Insurance Code. The coverage shall comply with
16 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
17 Insurance Code. The Department of Insurance shall enforce the
18 requirements of this Section. The requirement that health
19 benefits be covered as provided in this Section is an exclusive
20 power and function of the State and is a denial and limitation
21 under Article VII, Section 6, subsection (h) of the Illinois
22 Constitution. A home rule county to which this Section applies
23 must comply with every provision of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if
25 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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
6 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
7 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
8 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
9 101-625, eff. 1-1-21.)

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

12 (65 ILCS 5/10-4-2.3)

13 (Text of Section before amendment by P.A. 101-625)

14 Sec. 10-4-2.3. Required health benefits. If a
15 municipality, including a home rule municipality, is a
16 self-insurer for purposes of providing health insurance
17 coverage for its employees, the coverage shall include coverage
18 for the post-mastectomy care benefits required to be covered by
19 a policy of accident and health insurance under Section 356t
20 and the coverage required under Sections 356g, 356g.5,
21 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
23 356z.26, 356z.29, 356z.30a, ~~and~~ 356z.32, ~~and~~ 356z.33, 356z.36,
24 and 356z.43 of the Illinois Insurance Code. The coverage shall

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

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

15 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
16 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
17 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
18 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
19 revised 10-16-19.)

20 (Text of Section after amendment by P.A. 101-625)

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 coverage
25 for the post-mastectomy care benefits required to be covered by

1 a policy of accident and health insurance under Section 356t
2 and the coverage required under Sections 356g, 356g.5,
3 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
4 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
5 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~
6 356z.41, and 356z.43 of the Illinois Insurance Code. The
7 coverage shall comply with Sections 155.22a, 355b, 356z.19, and
8 370c of the Illinois Insurance Code. The Department of
9 Insurance shall enforce the requirements of this Section. The
10 requirement that health benefits be covered as provided in this
11 is an exclusive power and function of the State and is a denial
12 and limitation under Article VII, Section 6, subsection (h) of
13 the Illinois Constitution. A home rule municipality to which
14 this Section applies must comply with every provision of this
15 Section.

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

22 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
23 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
24 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
25 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
26 101-625, eff. 1-1-21.)

1 Section 20. The School Code is amended by changing Section
2 10-22.3f as follows:

3 (105 ILCS 5/10-22.3f)

4 (Text of Section before amendment by P.A. 101-625)

5 Sec. 10-22.3f. Required health benefits. Insurance
6 protection and benefits for employees shall provide the
7 post-mastectomy care benefits required to be covered by a
8 policy of accident and health insurance under Section 356t and
9 the coverage required under Sections 356g, 356g.5, 356g.5-1,
10 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
11 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
12 356z.30a, ~~and~~ 356z.32, ~~and~~ 356z.33, 356z.36, and 356z.43 of the
13 Illinois Insurance Code. Insurance policies shall comply with
14 Section 356z.19 of the Illinois Insurance Code. The coverage
15 shall comply with Sections 155.22a, 355b, and 370c of the
16 Illinois Insurance Code. The Department of Insurance shall
17 enforce the requirements of this Section.

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

24 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;

1 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
2 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
3 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
4 revised 10-16-19.)

5 (Text of Section after amendment by P.A. 101-625)

6 Sec. 10-22.3f. Required health benefits. Insurance
7 protection and benefits for employees shall provide the
8 post-mastectomy care benefits required to be covered by a
9 policy of accident and health insurance under Section 356t and
10 the coverage required under Sections 356g, 356g.5, 356g.5-1,
11 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
12 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
13 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43
14 of the Illinois Insurance Code. Insurance policies shall comply
15 with Section 356z.19 of the Illinois Insurance Code. The
16 coverage shall comply with Sections 155.22a, 355b, and 370c of
17 the Illinois Insurance Code. The Department of Insurance shall
18 enforce the requirements of this Section.

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

25 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;

1 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
2 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
3 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
4 101-625, eff. 1-1-21.)

5 Section 25. The Illinois Insurance Code is amended by
6 changing Sections 356u and 356x and by adding Section 356z.43
7 as follows:

8 (215 ILCS 5/356u)

9 Sec. 356u. Pap tests and prostate-specific antigen tests.

10 (a) A group policy of accident and health insurance that
11 provides coverage for hospital or medical treatment or services
12 for illness on an expense-incurred basis and is amended,
13 delivered, issued, or renewed after the effective date of this
14 amendatory Act of 1997 shall provide coverage for all of the
15 following:

16 (1) An annual cervical smear or Pap smear test for
17 female insureds.

18 (2) An annual digital rectal examination and a
19 prostate-specific antigen test, for male insureds ~~upon the~~
20 ~~recommendation of a physician licensed to practice~~
21 ~~medicine in all its branches~~ for:

22 (A) asymptomatic men age 50 and over;

23 (B) African-American men age 40 and over; and

24 (C) men age 40 and over with a family history of

1 prostate cancer.

2 (3) Surveillance tests for ovarian cancer for female
3 insureds who are at risk for ovarian cancer.

4 (b) This Section shall not apply to agreements, contracts,
5 or policies that provide coverage for a specified disease or
6 other limited benefit coverage.

7 (c) For the purposes of this Section:

8 "At risk for ovarian cancer" means:

9 (1) having a family history (i) with one or more
10 first-degree relatives with ovarian cancer, (ii) of
11 clusters of women relatives with breast cancer, or (iii) of
12 nonpolyposis colorectal cancer; or

13 (2) testing positive for BRCA1 or BRCA2 mutations.

14 "Surveillance tests for ovarian cancer" means annual
15 screening using (i) CA-125 serum tumor marker testing, (ii)
16 transvaginal ultrasound, (iii) pelvic examination.

17 (Source: P.A. 94-122, eff. 1-1-06.)

18 (215 ILCS 5/356x)

19 Sec. 356x. Coverage for colorectal cancer examination and
20 screening.

21 (a) An individual or group policy of accident and health
22 insurance or a managed care plan that is amended, delivered,
23 issued, or renewed on or after the effective date of this
24 amendatory Act of the 93rd General Assembly that provides
25 coverage to a resident of this State must provide benefits or

1 coverage for all colorectal cancer examinations and laboratory
2 tests for colorectal cancer ~~as prescribed by a physician,~~ in
3 accordance with the published American Cancer Society
4 guidelines on colorectal cancer screening or other existing
5 colorectal cancer screening guidelines issued by nationally
6 recognized professional medical societies or federal
7 government agencies, including the National Cancer Institute,
8 the Centers for Disease Control and Prevention, and the
9 American College of Gastroenterology.

10 (b) Coverage required under this Section may not impose any
11 deductible, coinsurance, waiting period, or other cost-sharing
12 limitation that is greater than that required for other
13 coverage under the policy.

14 (Source: P.A. 93-568, eff. 1-1-04.)

15 (215 ILCS 5/356z.43 new)

16 Sec. 356z.43. Coverage for sexually transmitted disease
17 testing. A group or individual policy of accident and health
18 insurance amended, delivered, issued, or renewed after the
19 effective date of this amendatory Act of the 101st General
20 Assembly shall provide coverage for testing to establish the
21 presence or absence of sexually transmitted diseases or
22 infections.

23 Section 30. The Health Maintenance Organization Act is
24 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. 101-625)

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, 141.1,
6 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
7 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
8 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
9 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
10 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
11 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
12 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.43, 364,
13 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
14 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
15 444, and 444.1, paragraph (c) of subsection (2) of Section 367,
16 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
17 XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

20 (e) In considering any management contract or service
21 agreement subject to Section 141.1 of the Illinois Insurance
22 Code, the Director (i) shall, in addition to the criteria
23 specified in Section 141.2 of the Illinois Insurance Code, take
24 into account the effect of the management contract or service
25 agreement on the continuation of benefits to enrollees and the
26 financial condition of the health maintenance organization to

1 be managed or serviced, and (ii) need not take into account the
2 effect of the management contract or service agreement on
3 competition.

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

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

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

1 subsection (f)). The Health Maintenance Organization and
2 the group or enrollment unit may agree that the profitable
3 or unprofitable experience may be calculated taking into
4 account the refund period and the immediately preceding 2
5 plan years.

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

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

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
3 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
4 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
5 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
6 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
7 1-1-20; revised 10-16-19.)

8 (Text of Section after amendment by P.A. 101-625)

9 Sec. 5-3. Insurance Code provisions.

10 (a) Health Maintenance Organizations shall be subject to
11 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
12 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
13 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
14 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
15 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
16 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
17 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
18 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,
19 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
20 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
21 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
22 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
23 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance
24 Code.

25 (b) For purposes of the Illinois Insurance Code, except for

1 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
2 Maintenance Organizations in the following categories are
3 deemed to be "domestic companies":

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

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

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

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

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

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

1 effect on competition of the merger, consolidation, or
2 other acquisition of control;

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

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

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

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

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

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

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

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

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

24 (ii) the amount of the refund or additional premium
25 shall not exceed 20% of the Health Maintenance
26 Organization's profitable or unprofitable experience with

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

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

25 In no event shall the Illinois Health Maintenance
26 Organization Guaranty Association be liable to pay any

1 contractual obligation of an insolvent organization to pay any
2 refund authorized under this Section.

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

9 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
10 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
11 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
12 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
13 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
14 1-1-20; 101-625, eff. 1-1-21.)

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

17 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

18 (Text of Section before amendment by P.A. 101-625)

19 Sec. 4003. Illinois Insurance Code provisions. Limited
20 health service organizations shall be subject to the provisions
21 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
22 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
23 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
24 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,

1 356z.30a, 356z.32, 356z.33, 356z.43, 368a, 401, 401.1, 402,
2 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles
3 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
4 the Illinois Insurance Code. For purposes of the Illinois
5 Insurance Code, except for Sections 444 and 444.1 and Articles
6 XIII and XIII 1/2, limited health service organizations in the
7 following categories are deemed to be domestic companies:

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

9 (2) 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 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
16 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
17 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
18 eff. 1-1-20; 101-393, eff. 1-1-20; revised 10-16-19.)

19 (Text of Section after amendment by P.A. 101-625)

20 Sec. 4003. Illinois Insurance Code provisions. Limited
21 health service organizations shall be subject to the provisions
22 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
23 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
24 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
25 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,

1 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a, 401,
2 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
3 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
4 XXVI of the Illinois Insurance Code. For purposes of the
5 Illinois Insurance Code, except for Sections 444 and 444.1 and
6 Articles XIII and XIII 1/2, limited health service
7 organizations in the following categories are deemed to be
8 domestic companies:

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

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

16 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
17 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
18 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
19 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

22 (215 ILCS 165/10) (from Ch. 32, par. 604)

23 (Text of Section before amendment by P.A. 101-625)

24 Sec. 10. Application of Insurance Code provisions. Health

1 services plan corporations and all persons interested therein
2 or dealing therewith shall be subject to the provisions of
3 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
4 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
5 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
6 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
7 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
8 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
9 356z.30, 356z.30a, 356z.32, 356z.33, 356z.43, 364.01, 367.2,
10 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
11 paragraphs (7) and (15) of Section 367 of the Illinois
12 Insurance Code.

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

19 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
20 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
21 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
22 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
23 revised 10-16-19.)

24 (Text of Section after amendment by P.A. 101-625)

25 Sec. 10. Application of Insurance Code provisions. Health

1 services plan corporations and all persons interested therein
2 or dealing therewith shall be subject to the provisions of
3 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
4 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
5 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
6 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
7 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
8 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
9 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 364.01,
10 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
11 and paragraphs (7) and (15) of Section 367 of the Illinois
12 Insurance Code.

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

19 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
20 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
21 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
22 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
23 101-625, eff. 1-1-21.)

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

1 (305 ILCS 5/5-16.8)

2 Sec. 5-16.8. Required health benefits. The medical
3 assistance program shall (i) provide the post-mastectomy care
4 benefits required to be covered by a policy of accident and
5 health insurance under Section 356t and the coverage required
6 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26,
7 356z.29, ~~and 356z.32, and 356z.33~~, 356z.34, 356z.35, 356z.39,
8 and 356z.43 of the Illinois Insurance Code and (ii) be subject
9 to the provisions of Sections 356z.19, 364.01, 370c, and 370c.1
10 of the Illinois Insurance Code.

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

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

21 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
22 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
23 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
24 eff. 1-1-20; 101-574, eff. 1-1-20; revised 10-16-19.)

1 Section 95. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.

8 Section 999. Effective date. This Act takes effect upon
9 becoming law.