



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

**HB5484**

by Rep. Bradley Stephens

#### 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 5/356w	
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

Amends the Illinois Insurance Code. Provides that insurers that provide coverage for diabetic self-management supplies must limit the total amount an insured is required to pay for diabetic self-management supplies to \$100 per 30-day supply of diabetic self-management supplies required by an insured with diabetes for diabetic self-management. Provides that the limitation on diabetic self-management supplies costs also applies to provisions requiring coverage of certain diabetes items to be subject to the same coverage, deductible, co-payment, and co-insurance provisions under a policy. Defines "diabetic self-management supplies". Makes conforming changes in 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, and the Voluntary Health Services Plans Act. Effective January 1, 2021.

LRB101 18246 BMS 67688 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 Section 356w and by adding Section 356z.43 as follows:

7 (215 ILCS 5/356w)

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

9 Sec. 356w. Diabetes self-management training and  
10 education.

11 (a) A group policy of accident and health insurance that is  
12 amended, delivered, issued, or renewed after the effective date  
13 of this amendatory Act of 1998 shall provide coverage for  
14 outpatient self-management training and education, equipment,  
15 and supplies, as set forth in this Section, for the treatment  
16 of type 1 diabetes, type 2 diabetes, and gestational diabetes  
17 mellitus.

18 (b) As used in this Section:

19 "Diabetes self-management training" means instruction in  
20 an outpatient setting which enables a diabetic patient to  
21 understand the diabetic management process and daily  
22 management of diabetic therapy as a means of avoiding frequent  
23 hospitalization and complications. Diabetes self-management  
24 training shall include the content areas listed in the National

1 Standards for Diabetes Self-Management Education Programs as  
2 published by the American Diabetes Association, including  
3 medical nutrition therapy and education programs, as defined by  
4 the contract of insurance, that allow the patient to maintain  
5 an A1c level within the range identified in nationally  
6 recognized standards of care.

7 "Medical nutrition therapy" shall have the meaning  
8 ascribed to that term in the Dietitian Nutritionist Practice  
9 Act.

10 "Physician" means a physician licensed to practice  
11 medicine in all of its branches providing care to the  
12 individual.

13 "Qualified provider" for an individual that is enrolled in:

14 (1) a health maintenance organization that uses a  
15 primary care physician to control access to specialty care  
16 means (A) the individual's primary care physician licensed  
17 to practice medicine in all of its branches, (B) a  
18 physician licensed to practice medicine in all of its  
19 branches to whom the individual has been referred by the  
20 primary care physician, or (C) a certified, registered, or  
21 licensed network health care professional with expertise  
22 in diabetes management to whom the individual has been  
23 referred by the primary care physician.

24 (2) an insurance plan means (A) a physician licensed to  
25 practice medicine in all of its branches or (B) a  
26 certified, registered, or licensed health care

1 professional with expertise in diabetes management to whom  
2 the individual has been referred by a physician.

3 (c) Coverage under this Section for diabetes  
4 self-management training, including medical nutrition  
5 education, shall be limited to the following:

6 (1) Up to 3 medically necessary visits to a qualified  
7 provider upon initial diagnosis of diabetes by the  
8 patient's physician or, if diagnosis of diabetes was made  
9 within one year prior to the effective date of this  
10 amendatory Act of 1998 where the insured was a covered  
11 individual, up to 3 medically necessary visits to a  
12 qualified provider within one year after that effective  
13 date.

14 (2) Up to 2 medically necessary visits to a qualified  
15 provider upon a determination by a patient's physician that  
16 a significant change in the patient's symptoms or medical  
17 condition has occurred. A "significant change" in  
18 condition means symptomatic hyperglycemia (greater than  
19 250 mg/dl on repeated occasions), severe hypoglycemia  
20 (requiring the assistance of another person), onset or  
21 progression of diabetes, or a significant change in medical  
22 condition that would require a significantly different  
23 treatment regimen.

24 Payment by the insurer or health maintenance organization  
25 for the coverage required for diabetes self-management  
26 training pursuant to the provisions of this Section is only

1 required to be made for services provided. No coverage is  
2 required for additional visits beyond those specified in items  
3 (1) and (2) of this subsection.

4 Coverage under this subsection (c) for diabetes  
5 self-management training shall be subject to the same  
6 deductible, co-payment, and co-insurance provisions that apply  
7 to coverage under the policy for other services provided by the  
8 same type of provider.

9 (d) Coverage shall be provided for the following equipment  
10 when medically necessary and prescribed by a physician licensed  
11 to practice medicine in all of its branches. Coverage for the  
12 following items shall be subject to deductible, co-payment and  
13 co-insurance provisions provided for under the policy or a  
14 durable medical equipment rider to the policy:

- 15 (1) blood glucose monitors;
- 16 (2) blood glucose monitors for the legally blind;
- 17 (3) cartridges for the legally blind; and
- 18 (4) lancets and lancing devices.

19 This subsection does not apply to a group policy of  
20 accident and health insurance that does not provide a durable  
21 medical equipment benefit.

22 (e) Coverage shall be provided for the following  
23 pharmaceuticals and supplies when medically necessary and  
24 prescribed by a physician licensed to practice medicine in all  
25 of its branches. Coverage for the following items shall be  
26 subject to the same coverage, deductible, co-payment, and

1 co-insurance provisions under the policy or a drug rider to the  
2 policy:

- 3 (1) insulin;
- 4 (2) syringes and needles;
- 5 (3) test strips for glucose monitors;
- 6 (4) FDA approved oral agents used to control blood  
7 sugar; and
- 8 (5) glucagon emergency kits.

9 This subsection does not apply to a group policy of  
10 accident and health insurance that does not provide a drug  
11 benefit.

12 (f) Coverage shall be provided for regular foot care exams  
13 by a physician or by a physician to whom a physician has  
14 referred the patient. Coverage for regular foot care exams  
15 shall be subject to the same deductible, co-payment, and  
16 co-insurance provisions that apply under the policy for other  
17 services provided by the same type of provider.

18 (g) If authorized by a physician, diabetes self-management  
19 training may be provided as a part of an office visit, group  
20 setting, or home visit.

21 (h) This Section shall not apply to agreements, contracts,  
22 or policies that provide coverage for a specified diagnosis or  
23 other limited benefit coverage.

24 (Source: P.A. 97-281, eff. 1-1-12; 97-1141, eff. 12-28-12.)

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



1           Sec. 356w. Diabetes self-management training and  
2 education.

3           (a) A group policy of accident and health insurance that is  
4 amended, delivered, issued, or renewed after the effective date  
5 of this amendatory Act of 1998 shall provide coverage for  
6 outpatient self-management training and education, equipment,  
7 and supplies, as set forth in this Section, for the treatment  
8 of type 1 diabetes, type 2 diabetes, and gestational diabetes  
9 mellitus.

10          (b) As used in this Section:

11           "Diabetes self-management training" means instruction in  
12 an outpatient setting which enables a diabetic patient to  
13 understand the diabetic management process and daily  
14 management of diabetic therapy as a means of avoiding frequent  
15 hospitalization and complications. Diabetes self-management  
16 training shall include the content areas listed in the National  
17 Standards for Diabetes Self-Management Education Programs as  
18 published by the American Diabetes Association, including  
19 medical nutrition therapy and education programs, as defined by  
20 the contract of insurance, that allow the patient to maintain  
21 an A1c level within the range identified in nationally  
22 recognized standards of care.

23           "Medical nutrition therapy" shall have the meaning  
24 ascribed to that term in the Dietitian Nutritionist Practice  
25 Act.

26           "Physician" means a physician licensed to practice

1 medicine in all of its branches providing care to the  
2 individual.

3 "Qualified provider" for an individual that is enrolled in:

4 (1) a health maintenance organization that uses a  
5 primary care physician to control access to specialty care  
6 means (A) the individual's primary care physician licensed  
7 to practice medicine in all of its branches, (B) a  
8 physician licensed to practice medicine in all of its  
9 branches to whom the individual has been referred by the  
10 primary care physician, or (C) a certified, registered, or  
11 licensed network health care professional with expertise  
12 in diabetes management to whom the individual has been  
13 referred by the primary care physician.

14 (2) an insurance plan means (A) a physician licensed to  
15 practice medicine in all of its branches or (B) a  
16 certified, registered, or licensed health care  
17 professional with expertise in diabetes management to whom  
18 the individual has been referred by a physician.

19 (c) Coverage under this Section for diabetes  
20 self-management training, including medical nutrition  
21 education, shall be limited to the following:

22 (1) Up to 3 medically necessary visits to a qualified  
23 provider upon initial diagnosis of diabetes by the  
24 patient's physician or, if diagnosis of diabetes was made  
25 within one year prior to the effective date of this  
26 amendatory Act of 1998 where the insured was a covered

1 individual, up to 3 medically necessary visits to a  
2 qualified provider within one year after that effective  
3 date.

4 (2) Up to 2 medically necessary visits to a qualified  
5 provider upon a determination by a patient's physician that  
6 a significant change in the patient's symptoms or medical  
7 condition has occurred. A "significant change" in  
8 condition means symptomatic hyperglycemia (greater than  
9 250 mg/dl on repeated occasions), severe hypoglycemia  
10 (requiring the assistance of another person), onset or  
11 progression of diabetes, or a significant change in medical  
12 condition that would require a significantly different  
13 treatment regimen.

14 Payment by the insurer or health maintenance organization  
15 for the coverage required for diabetes self-management  
16 training pursuant to the provisions of this Section is only  
17 required to be made for services provided. No coverage is  
18 required for additional visits beyond those specified in items  
19 (1) and (2) of this subsection.

20 Coverage under this subsection (c) for diabetes  
21 self-management training shall be subject to the same  
22 deductible, co-payment, and co-insurance provisions that apply  
23 to coverage under the policy for other services provided by the  
24 same type of provider.

25 (d) Coverage shall be provided for the following equipment  
26 when medically necessary and prescribed by a physician licensed

1 to practice medicine in all of its branches. Coverage for the  
2 following items shall be subject to deductible, co-payment and  
3 co-insurance provisions provided for under the policy or a  
4 durable medical equipment rider to the policy:

- 5 (1) blood glucose monitors;
- 6 (2) blood glucose monitors for the legally blind;
- 7 (3) cartridges for the legally blind; and
- 8 (4) lancets and lancing devices.

9 This subsection does not apply to a group policy of  
10 accident and health insurance that does not provide a durable  
11 medical equipment benefit.

12 (e) Coverage shall be provided for the following  
13 pharmaceuticals and supplies when medically necessary and  
14 prescribed by a physician licensed to practice medicine in all  
15 of its branches. Coverage for the following items shall be  
16 subject to the same coverage, deductible, co-payment, and  
17 co-insurance provisions under the policy or a drug rider to the  
18 policy, except as otherwise provided for under Sections ~~Section~~  
19 356z.41 and 356z.43:

- 20 (1) insulin;
- 21 (2) syringes and needles;
- 22 (3) test strips for glucose monitors;
- 23 (4) FDA approved oral agents used to control blood  
24 sugar; and
- 25 (5) glucagon emergency kits.

26 This subsection does not apply to a group policy of

1 accident and health insurance that does not provide a drug  
2 benefit.

3 (f) Coverage shall be provided for regular foot care exams  
4 by a physician or by a physician to whom a physician has  
5 referred the patient. Coverage for regular foot care exams  
6 shall be subject to the same deductible, co-payment, and  
7 co-insurance provisions that apply under the policy for other  
8 services provided by the same type of provider.

9 (g) If authorized by a physician, diabetes self-management  
10 training may be provided as a part of an office visit, group  
11 setting, or home visit.

12 (h) This Section shall not apply to agreements, contracts,  
13 or policies that provide coverage for a specified diagnosis or  
14 other limited benefit coverage.

15 (Source: P.A. 101-625, eff. 1-1-21.)

16 (215 ILCS 5/356z.43 new)

17 Sec. 356z.43. Cost sharing in diabetic self-management  
18 supplies; limits; confidentiality of rebate information.

19 (a) As used in this Section, "diabetic self-management  
20 supplies" means items determined to be medically necessary for  
21 a person with diabetes for diabetic self-management, including  
22 blood test strips for glucose monitors and the monthly lease of  
23 an insulin pump. "Diabetic self-management supplies" do not  
24 include insulin drugs.

25 (b) This Section applies to a group or individual policy of

1 accident and health insurance amended, delivered, issued, or  
2 renewed on or after the effective date of this amendatory Act  
3 of the 101st General Assembly.

4 (c) An insurer that provides coverage for diabetic  
5 self-management supplies pursuant to the terms of a health  
6 coverage plan the insurer offers shall limit the total amount  
7 that an insured is required to pay for a 30-day supply of  
8 diabetic self-management supplies at an amount not to exceed  
9 \$100, regardless of the quantity or type of diabetic  
10 self-management supplies required by an insured with diabetes  
11 for diabetic self-management.

12 (d) Nothing in this Section prevents an insurer from  
13 reducing an insured's cost sharing by an amount greater than  
14 the amount specified in subsection (c).

15 (e) The Director may use any of the Director's enforcement  
16 powers to obtain an insurer's compliance with this Section.

17 (f) The Department may adopt rules as necessary to  
18 implement and administer this Section and to align it with  
19 federal requirements.

20 (g) On January 1 of each year, the limit on the amount that  
21 an insured is required to pay for a 30-day supply of diabetic  
22 self-management supplies shall increase by a percentage equal  
23 to the percentage change from the preceding year in the medical  
24 care component of the Consumer Price Index of the Bureau of  
25 Labor Statistics of the United States Department of Labor.

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. 101-625)

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

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

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

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

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

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

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

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

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

26           (A) certification by an independent actuary of the



1           adequacy of the reserves of the Health Maintenance  
2           Organization sought to be acquired;

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

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

14          (D) such other information as the Director shall  
15          require.

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

22          (e) In considering any management contract or service  
23          agreement subject to Section 141.1 of the Illinois Insurance  
24          Code, the Director (i) shall, in addition to the criteria  
25          specified in Section 141.2 of the Illinois Insurance Code, take  
26          into account the effect of the management contract or service

1 agreement on the continuation of benefits to enrollees and the  
2 financial condition of the health maintenance organization to  
3 be managed or serviced, and (ii) need not take into account the  
4 effect of the management contract or service agreement on  
5 competition.

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

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

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

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

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

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

24 (g) Rulemaking authority to implement Public Act 95-1045,  
25 if any, is conditioned on the rules being adopted in accordance  
26 with all provisions of the Illinois Administrative Procedure

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

4 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
5 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
6 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
7 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;  
8 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
9 1-1-20; revised 10-16-19.)

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

11 Sec. 5-3. Insurance Code provisions.

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

1 Code.

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

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

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

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

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

24 (2) (i) the criteria specified in subsection (1) (b) of  
25 Section 131.8 of the Illinois Insurance Code shall not  
26 apply and (ii) the Director, in making his determination

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

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

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

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

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

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

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

1 maintenance organization's right, title, and interest in and to  
2 its health care certificates).

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

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

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

26 (ii) the amount of the refund or additional premium

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

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



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

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

11 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
12 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
13 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
14 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;  
15 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
16 1-1-20; 101-625, eff. 1-1-21.)

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

19 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

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

21 Sec. 4003. Illinois Insurance Code provisions. Limited  
22 health service organizations shall be subject to the provisions  
23 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,  
24 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,

1 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,  
2 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
3 356z.30a, 356z.32, 356z.33, 356z.43, 368a, 401, 401.1, 402,  
4 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles  
5 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
6 the Illinois Insurance Code. For purposes of the Illinois  
7 Insurance Code, except for Sections 444 and 444.1 and Articles  
8 XIII and XIII 1/2, limited health service organizations in the  
9 following categories are deemed to be domestic companies:

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

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

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

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

22 Sec. 4003. Illinois Insurance Code provisions. Limited  
23 health service organizations shall be subject to the provisions  
24 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,  
25 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,

1 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,  
2 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
3 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a, 401,  
4 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and  
5 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and  
6 XXVI of the Illinois Insurance Code. For purposes of the  
7 Illinois Insurance Code, except for Sections 444 and 444.1 and  
8 Articles XIII and XIII 1/2, limited health service  
9 organizations in the following categories are deemed to be  
10 domestic companies:

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

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

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

24 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

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

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

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

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

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

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

21 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
22 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
23 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
24 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
25 101-625, eff. 1-1-21.)

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 99. Effective date. This Act takes effect January  
9 1, 2021.