



Rep. Will Guzzardi

## Adopted in House Comm. on Nov 12, 2019

10100SB0667ham001

LRB101 04428 BMS 64618 a

1 AMENDMENT TO SENATE BILL 667

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 667 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Findings. The General Assembly finds and  
5 declares that:

6 (1) Diabetes affects approximately 1,300,000 adults in  
7 Illinois (12.5% of the population);

8 (2) Diabetes is the seventh leading cause of death  
9 nationally and in Illinois;

10 (3) The toll on the U.S. economy has increased by more  
11 than 40% since 2007, costing the country \$245,000,000,000  
12 in 2012;

13 (4) When someone has diabetes, the body either does not  
14 make enough insulin or is unable to use its own insulin,  
15 causing glucose levels to rise higher than normal in the  
16 blood;

17 (5) For people with Type 1 diabetes, near-constant

1 self-management of glucose levels is essential to prevent  
2 life-threatening complications;

3 (6) From 2012 to 2016, the average price of insulin  
4 increased from 13 cents per unit to 25 cents per unit;  
5 therefore,

6 It is necessary for the State to enact laws to reduce the  
7 costs for Illinoisans with diabetes and increase their access  
8 to life-saving and life-sustaining insulin.

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

11 (5 ILCS 375/6.11)

12 Sec. 6.11. Required health benefits; Illinois Insurance  
13 Code requirements. The program of health benefits shall provide  
14 the post-mastectomy care benefits required to be covered by a  
15 policy of accident and health insurance under Section 356t of  
16 the Illinois Insurance Code. The program of health benefits  
17 shall provide the coverage required under Sections 356g,  
18 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
19 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
20 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26,  
21 356z.29, 356z.30a, 356z.32, ~~and~~ 356z.33, 356z.36, and 356z.41  
22 of the Illinois Insurance Code. The program of health benefits  
23 must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c,  
24 and 370c.1~~7~~ and Article XXXIIB of the Illinois Insurance Code.

1 The Department of Insurance shall enforce the requirements of  
2 this Section with respect to Sections 370c and 370c.1 of the  
3 Illinois Insurance Code; all other requirements of this Section  
4 shall be enforced by the Department of Central Management  
5 Services.

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

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

17 Section 15. The Counties Code is amended by changing  
18 Section 5-1069.3 as follows:

19 (55 ILCS 5/5-1069.3)

20 Sec. 5-1069.3. Required health benefits. If a county,  
21 including a home rule county, is a self-insurer for purposes of  
22 providing health insurance coverage for its employees, the  
23 coverage shall include coverage for the post-mastectomy care  
24 benefits required to be covered by a policy of accident and

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

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; 100-1024, eff. 1-1-19; 100-1057, eff.  
23 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
24 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
25 revised 10-16-19.)

1 Section 20. The Illinois Municipal Code is amended by  
2 changing Section 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2.3)

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

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

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; 100-1024, eff. 1-1-19; 100-1057, eff.  
6 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
7 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
8 revised 10-16-19.)

9 Section 25. The School Code is amended by changing Section  
10 10-22.3f as follows:

11 (105 ILCS 5/10-22.3f)

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

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

7 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
8 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
9 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
10 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
11 revised 10-16-19.)

12 Section 30. The Illinois Insurance Code is amended by  
13 changing Section 356w and by adding Sections 356z.41 and  
14 356z.42 as follows:

15 (215 ILCS 5/356w)

16 Sec. 356w. Diabetes self-management training and  
17 education.

18 (a) A group policy of accident and health insurance that is  
19 amended, delivered, issued, or renewed after the effective date  
20 of this amendatory Act of 1998 shall provide coverage for  
21 outpatient self-management training and education, equipment,  
22 and supplies, as set forth in this Section, for the treatment  
23 of type 1 diabetes, type 2 diabetes, and gestational diabetes  
24 mellitus.

1 (b) As used in this Section:

2 "Diabetes self-management training" means instruction in  
3 an outpatient setting which enables a diabetic patient to  
4 understand the diabetic management process and daily  
5 management of diabetic therapy as a means of avoiding frequent  
6 hospitalization and complications. Diabetes self-management  
7 training shall include the content areas listed in the National  
8 Standards for Diabetes Self-Management Education Programs as  
9 published by the American Diabetes Association, including  
10 medical nutrition therapy and education programs, as defined by  
11 the contract of insurance, that allow the patient to maintain  
12 an A1c level within the range identified in nationally  
13 recognized standards of care.

14 "Medical nutrition therapy" shall have the meaning  
15 ascribed to that term in the Dietitian Nutritionist Practice  
16 Act.

17 "Physician" means a physician licensed to practice  
18 medicine in all of its branches providing care to the  
19 individual.

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

21 (1) a health maintenance organization that uses a  
22 primary care physician to control access to specialty care  
23 means (A) the individual's primary care physician licensed  
24 to practice medicine in all of its branches, (B) a  
25 physician licensed to practice medicine in all of its  
26 branches to whom the individual has been referred by the



1 primary care physician, or (C) a certified, registered, or  
2 licensed network health care professional with expertise  
3 in diabetes management to whom the individual has been  
4 referred by the primary care physician.

5 (2) an insurance plan means (A) a physician licensed to  
6 practice medicine in all of its branches or (B) a  
7 certified, registered, or licensed health care  
8 professional with expertise in diabetes management to whom  
9 the individual has been referred by a physician.

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

13 (1) Up to 3 medically necessary visits to a qualified  
14 provider upon initial diagnosis of diabetes by the  
15 patient's physician or, if diagnosis of diabetes was made  
16 within one year prior to the effective date of this  
17 amendatory Act of 1998 where the insured was a covered  
18 individual, up to 3 medically necessary visits to a  
19 qualified provider within one year after that effective  
20 date.

21 (2) Up to 2 medically necessary visits to a qualified  
22 provider upon a determination by a patient's physician that  
23 a significant change in the patient's symptoms or medical  
24 condition has occurred. A "significant change" in  
25 condition means symptomatic hyperglycemia (greater than  
26 250 mg/dl on repeated occasions), severe hypoglycemia

1 (requiring the assistance of another person), onset or  
2 progression of diabetes, or a significant change in medical  
3 condition that would require a significantly different  
4 treatment regimen.

5 Payment by the insurer or health maintenance organization  
6 for the coverage required for diabetes self-management  
7 training pursuant to the provisions of this Section is only  
8 required to be made for services provided. No coverage is  
9 required for additional visits beyond those specified in items  
10 (1) and (2) of this subsection.

11 Coverage under this subsection (c) for diabetes  
12 self-management training shall be subject to the same  
13 deductible, co-payment, and co-insurance provisions that apply  
14 to coverage under the policy for other services provided by the  
15 same type of provider.

16 (d) Coverage shall be provided for the following equipment  
17 when medically necessary and prescribed by a physician licensed  
18 to practice medicine in all of its branches. Coverage for the  
19 following items shall be subject to deductible, co-payment and  
20 co-insurance provisions provided for under the policy or a  
21 durable medical equipment rider to the policy:

- 22 (1) blood glucose monitors;
- 23 (2) blood glucose monitors for the legally blind;
- 24 (3) cartridges for the legally blind; and
- 25 (4) lancets and lancing devices.

26 This subsection does not apply to a group policy of

1 accident and health insurance that does not provide a durable  
2 medical equipment benefit.

3 (e) Coverage shall be provided for the following  
4 pharmaceuticals and supplies when medically necessary and  
5 prescribed by a physician licensed to practice medicine in all  
6 of its branches. Coverage for the following items shall be  
7 subject to the same coverage, deductible, co-payment, and  
8 co-insurance provisions under the policy or a drug rider to the  
9 policy, except as otherwise provided for under Section 356z.41:

10 (1) insulin;

11 (2) syringes and needles;

12 (3) test strips for glucose monitors;

13 (4) FDA approved oral agents used to control blood  
14 sugar; and

15 (5) glucagon emergency kits.

16 This subsection does not apply to a group policy of  
17 accident and health insurance that does not provide a drug  
18 benefit.

19 (f) Coverage shall be provided for regular foot care exams  
20 by a physician or by a physician to whom a physician has  
21 referred the patient. Coverage for regular foot care exams  
22 shall be subject to the same deductible, co-payment, and  
23 co-insurance provisions that apply under the policy for other  
24 services provided by the same type of provider.

25 (g) If authorized by a physician, diabetes self-management  
26 training may be provided as a part of an office visit, group

1 setting, or home visit.

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

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

6 (215 ILCS 5/356z.41 new)

7 Sec. 356z.41. Cost sharing in prescription insulin drugs;  
8 limits; confidentiality of rebate information.

9 (a) As used in this Section, "prescription insulin drug"  
10 means a prescription drug that contains insulin and is used to  
11 control blood glucose levels to treat diabetes but does not  
12 include an insulin drug that is administered to a patient  
13 intravenously.

14 (b) This Section applies to a group or individual policy of  
15 accident and health insurance amended, delivered, issued, or  
16 renewed on or after the effective date of this amendatory Act  
17 of the 101st General Assembly.

18 (c) An insurer that provides coverage for prescription  
19 insulin drugs pursuant to the terms of a health coverage plan  
20 the insurer offers shall limit the total amount that an insured  
21 is required to pay for a 30-day supply of covered prescription  
22 insulin drugs at an amount not to exceed \$100, regardless of  
23 the quantity or type of covered prescription insulin drug used  
24 to fill the insured's prescription.

25 (d) Nothing in this Section prevents an insurer from

1 reducing an insured's cost sharing by an amount greater than  
2 the amount specified in subsection (c).

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

5 (f) The Department may adopt rules as necessary to  
6 implement and administer this Section and to align it with  
7 federal requirements.

8 (g) On January 1 of each year, the limit on the amount that  
9 an insured is required to pay for a 30-day supply of a covered  
10 prescription insulin drug shall increase by a percentage equal  
11 to the percentage change from the preceding year in the medical  
12 care component of the Consumer Price Index of the Bureau of  
13 Labor Statistics of the United States Department of Labor.

14 (215 ILCS 5/356z.42 new)

15 Sec. 356z.42. Insulin pricing report. By November 1, 2020,  
16 the Department of Insurance in conjunction with the Department  
17 of Human Services and the Department of Healthcare and Family  
18 Services shall make available to the public a report that  
19 details each Department's findings for the following:

20 (1) a summary of insulin pricing practices and variables  
21 that contribute to pricing of health coverage plans;

22 (2) public policy recommendations to control and prevent  
23 overpricing of prescription insulin drugs made available to  
24 Illinois consumers; and

25 (3) any other information the Department finds necessary.

1           This Section is repealed December 31, 2020.

2           Section 35. The Health Maintenance Organization Act is  
3 amended by changing Section 5-3 as follows:

4           (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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.41, 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

1 Plan Act or the Voluntary Health Services Plans Act;

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

25 (g) Rulemaking authority to implement Public Act 95-1045,  
26 if 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; 100-1026, eff. 8-22-18; 100-1057, eff.  
7 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
8 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;  
9 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
10 1-1-20; revised 10-16-19.)

11 Section 40. The Limited Health Service Organization Act is  
12 amended by changing Section 4003 as follows:

13 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

14 Sec. 4003. Illinois Insurance Code provisions. Limited  
15 health service organizations shall be subject to the provisions  
16 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,  
17 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,  
18 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,  
19 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
20 356z.30a, 356z.32, 356z.33, 356z.41, 368a, 401, 401.1, 402,  
21 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles  
22 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
23 the Illinois Insurance Code. For purposes of the Illinois  
24 Insurance Code, except for Sections 444 and 444.1 and Articles

1 XIII and XIII 1/2, limited health service organizations in the  
2 following categories are deemed to be domestic companies:

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

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

10 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
11 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.  
12 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
13 eff. 1-1-20; 101-393, eff. 1-1-20; revised 10-16-19.)

14 Section 45. The Voluntary Health Services Plans Act is  
15 amended by changing Section 10 as follows:

16 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

1 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
2 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 364.01, 367.2,  
3 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and  
4 paragraphs (7) and (15) of Section 367 of the Illinois  
5 Insurance Code.

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

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

17 Section 99. Effective date. This Act takes effect January  
18 1, 2021, except that Section 356z.42 and this Section take  
19 effect upon becoming law."