

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 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
18 self-management of glucose levels is essential to prevent
19 life-threatening complications;

20 (6) From 2012 to 2016, the average price of insulin
21 increased from 13 cents per unit to 25 cents per unit;
22 therefore,

23 It is necessary for the State to enact laws to reduce the
24 costs for Illinoisans with diabetes and increase their access

1 to life-saving and life-sustaining insulin.

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

4 (5 ILCS 375/6.11)

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

23 Rulemaking authority to implement Public Act 95-1045, if
24 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; 100-1170, eff. 6-1-19; 101-13,
8 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
9 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; revised 10-16-19.)

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

12 (55 ILCS 5/5-1069.3)

13 Sec. 5-1069.3. Required health benefits. If a county,
14 including a home rule county, is a self-insurer for purposes of
15 providing health insurance coverage for its employees, the
16 coverage shall include coverage for the post-mastectomy care
17 benefits required to be covered by a policy of accident and
18 health insurance under Section 356t and the coverage required
19 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
20 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
21 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
22 356z.30a, ~~and~~ 356z.32, ~~and~~ 356z.33, 356z.36, and 356z.41 of the
23 Illinois Insurance Code. The coverage shall comply with
24 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois

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

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; 101-81, eff. 7-12-19; 101-281,
17 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
18 revised 10-16-19.)

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

21 (65 ILCS 5/10-4-2.3)

22 Sec. 10-4-2.3. Required health benefits. If a
23 municipality, including a home rule municipality, is a
24 self-insurer for purposes of providing health insurance

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

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

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

1 revised 10-16-19.)

2 Section 25. The School Code is amended by changing Section
3 10-22.3f as follows:

4 (105 ILCS 5/10-22.3f)

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.41 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 Section 30. The Illinois Insurance Code is amended by
6 changing Section 356w and by adding Sections 356z.41 and
7 356z.42 as follows:

8 (215 ILCS 5/356w)

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, except as otherwise provided for under Section 356z.41:

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 (215 ILCS 5/356z.41 new)

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

3 (a) As used in this Section, "prescription insulin drug"
4 means a prescription drug that contains insulin and is used to
5 control blood glucose levels to treat diabetes but does not
6 include an insulin drug that is administered to a patient
7 intravenously.

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

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

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

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

24 (f) The Department may adopt rules as necessary to
25 implement and administer this Section and to align it with
26 federal requirements.

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

7 (215 ILCS 5/356z.42 new)

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

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

15 (2) public policy recommendations to control and prevent
16 overpricing of prescription insulin drugs made available to
17 Illinois consumers; and

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

19 This Section is repealed December 31, 2020.

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

22 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

23 Sec. 5-3. Insurance Code provisions.

1 (a) Health Maintenance Organizations shall be subject to
2 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
3 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
4 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
5 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
6 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
7 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
8 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
9 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41, 364,
10 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
11 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
12 444, and 444.1, paragraph (c) of subsection (2) of Section 367,
13 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
14 XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

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

23 (3) a corporation organized under the laws of another
24 state, 30% or more of the enrollees of which are residents
25 of this State, except a corporation subject to
26 substantially the same requirements in its state of

1 organization as is a "domestic company" under Article VIII
2 1/2 of the Illinois Insurance Code.

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

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

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

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

20 (A) certification by an independent actuary of the
21 adequacy of the reserves of the Health Maintenance
22 Organization sought to be acquired;

23 (B) pro forma financial statements reflecting the
24 combined balance sheets of the acquiring company and
25 the Health Maintenance Organization sought to be
26 acquired as of the end of the preceding year and as of

1 a date 90 days prior to the acquisition, as well as pro
2 forma financial statements reflecting projected
3 combined operation for a period of 2 years;

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

8 (D) such other information as the Director shall
9 require.

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

16 (e) In considering any management contract or service
17 agreement subject to Section 141.1 of the Illinois Insurance
18 Code, the Director (i) shall, in addition to the criteria
19 specified in Section 141.2 of the Illinois Insurance Code, take
20 into account the effect of the management contract or service
21 agreement on the continuation of benefits to enrollees and the
22 financial condition of the health maintenance organization to
23 be managed or serviced, and (ii) need not take into account the
24 effect of the management contract or service agreement on
25 competition.

26 (f) Except for small employer groups as defined in the

1 Small Employer Rating, Renewability and Portability Health
2 Insurance Act and except for medicare supplement policies as
3 defined in Section 363 of the Illinois Insurance Code, a Health
4 Maintenance Organization may by contract agree with a group or
5 other enrollment unit to effect refunds or charge additional
6 premiums under the following terms and conditions:

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

13 (ii) the amount of the refund or additional premium
14 shall not exceed 20% of the Health Maintenance
15 Organization's profitable or unprofitable experience with
16 respect to the group or other enrollment unit for the
17 period (and, for purposes of a refund or additional
18 premium, the profitable or unprofitable experience shall
19 be calculated taking into account a pro rata share of the
20 Health Maintenance Organization's administrative and
21 marketing expenses, but shall not include any refund to be
22 made or additional premium to be paid pursuant to this
23 subsection (f)). The Health Maintenance Organization and
24 the group or enrollment unit may agree that the profitable
25 or unprofitable experience may be calculated taking into
26 account the refund period and the immediately preceding 2

1 plan years.

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

14 In no event shall the Illinois Health Maintenance
15 Organization Guaranty Association be liable to pay any
16 contractual obligation of an insolvent organization to pay any
17 refund authorized under this Section.

18 (g) Rulemaking authority to implement Public Act 95-1045,
19 if 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;
25 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
26 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,

1 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
2 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
3 1-1-20; revised 10-16-19.)

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

6 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

7 Sec. 4003. Illinois Insurance Code provisions. Limited
8 health service organizations shall be subject to the provisions
9 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
10 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
11 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
12 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
13 356z.30a, 356z.32, 356z.33, 356z.41, 368a, 401, 401.1, 402,
14 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles
15 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
16 the Illinois Insurance Code. For purposes of the Illinois
17 Insurance Code, except for Sections 444 and 444.1 and Articles
18 XIII and XIII 1/2, limited health service organizations in the
19 following categories are deemed to be domestic companies:

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

21 (2) a corporation organized under the laws of another
22 state, 30% or more of the enrollees of which are residents
23 of this State, except a corporation subject to
24 substantially the same requirements in its state of

1 organization as is a domestic company under Article VIII
2 1/2 of the Illinois Insurance Code.

3 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
4 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
5 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
6 eff. 1-1-20; 101-393, eff. 1-1-20; revised 10-16-19.)

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

9 (215 ILCS 165/10) (from Ch. 32, par. 604)

10 Sec. 10. Application of Insurance Code provisions. Health
11 services plan corporations and all persons interested therein
12 or dealing therewith shall be subject to the provisions of
13 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
14 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
15 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
16 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
17 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
18 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
19 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 364.01, 367.2,
20 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and
21 paragraphs (7) and (15) of Section 367 of the Illinois
22 Insurance Code.

23 Rulemaking authority to implement Public Act 95-1045, if
24 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; 101-393, eff. 1-1-20;
9 revised 10-16-19.)

10 Section 99. Effective date. This Act takes effect January
11 1, 2021, except that Section 356z.42 and this Section take
12 effect upon becoming law.