



Rep. Mary E. Flowers

Filed: 3/21/2021

10200HB1779ham001

LRB102 10161 BMS 23338 a

1 AMENDMENT TO HOUSE BILL 1779

2 AMENDMENT NO. _____. Amend House Bill 1779 by replacing
3 everything after the enacting clause with the following:

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

6 (5 ILCS 375/6.11)

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

1 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance
2 Code. The program of health benefits must comply with Sections
3 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article
4 XXXIIB of the Illinois Insurance Code. The Department of
5 Insurance shall enforce the requirements of this Section with
6 respect to Sections 370c and 370c.1 of the Illinois Insurance
7 Code; all other requirements of this Section shall be enforced
8 by the Department of Central Management Services.

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; 100-1170, eff. 6-1-19; 101-13,
18 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
19 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
20 1-1-21.)

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

23 (55 ILCS 5/5-1069.3)

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

1 including a home rule county, is a self-insurer for purposes
2 of 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, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43
10 of the 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
15 exclusive power and function of the State and is a denial and
16 limitation under Article VII, Section 6, subsection (h) of the
17 Illinois Constitution. A home rule county to which this
18 Section applies must comply with every provision of this
19 Section.

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

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

7 (65 ILCS 5/10-4-2.3)

8 Sec. 10-4-2.3. Required health benefits. If a
9 municipality, including a home rule municipality, is a
10 self-insurer for purposes of providing health insurance
11 coverage for its employees, the coverage shall include
12 coverage for the post-mastectomy care benefits required to be
13 covered by a policy of accident and health insurance under
14 Section 356t and the coverage required under Sections 356g,
15 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9,
16 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance
19 Code. The coverage shall comply with Sections 155.22a, 355b,
20 356z.19, and 370c of the Illinois Insurance Code. The
21 Department of Insurance shall enforce the requirements of this
22 Section. The requirement that health benefits be covered as
23 provided in this is an exclusive power and function of the
24 State and is a denial and limitation under Article VII,

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

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

10 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
11 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 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; 101-461, eff. 1-1-20;
14 101-625, eff. 1-1-21.)

15 Section 20. The School Code is amended by changing Section
16 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

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

1 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43
2 of the Illinois Insurance Code. Insurance policies shall
3 comply with Section 356z.19 of the Illinois Insurance Code.
4 The coverage shall comply with Sections 155.22a, 355b, and
5 370c of the Illinois Insurance Code. The Department of
6 Insurance shall enforce the requirements of this Section.

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

13 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
14 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
15 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
16 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
17 101-625, eff. 1-1-21.)

18 Section 25. The Illinois Insurance Code is amended by
19 adding Section 356z.43 as follows:

20 (215 ILCS 5/356z.43 new)

21 Sec. 356z.43. Biomarker testing.

22 (a) As used in this Section:

23 "Biomarker" means a characteristic that is objectively
24 measured and evaluated as an indicator of normal biological

1 processes, pathogenic processes, or pharmacologic responses to
2 a specific therapeutic intervention. "Biomarker" includes, but
3 is not limited to, gene mutations or protein expression.

4 "Biomarker testing" means the analysis of a patient's
5 tissue, blood, or fluid biospecimen for the presence of a
6 biomarker. "Biomarker testing" includes, but is not limited
7 to, single-analyte tests, multi-plex panel tests, and partial
8 or whole genome sequencing.

9 (b) A group or individual policy of accident and health
10 insurance or managed care plan amended, delivered, issued, or
11 renewed on or after January 1, 2022 shall include coverage for
12 biomarker testing as defined in this Section pursuant to
13 criteria established under subsection (d).

14 (c) Biomarker testing shall be covered and conducted in an
15 efficient manner to provide the most complete range of results
16 to the patient's health care provider without requiring
17 multiple biopsies, biospecimen samples, or other delays or
18 disruptions in patient care.

19 (d) Biomarker testing must be covered for the purposes of
20 diagnosis, treatment, appropriate management, or ongoing
21 monitoring of an enrollee's disease or condition when the test
22 is supported by medical and scientific evidence, including,
23 but not limited to:

24 (1) labeled indications for an FDA-approved test or
25 indicated tests for an FDA-approved drug;

26 (2) federal Centers for Medicare and Medicaid Services

1 National Coverage Determinations;

2 (3) nationally recognized clinical practice
3 guidelines;

4 (4) consensus statements;

5 (5) professional society recommendations;

6 (6) peer-reviewed literature, biomedical compendia,
7 and other medical literature that meet the criteria of the
8 National Institutes of Health's National Library of
9 Medicine for indexing in Index Medicus, Excerpta Medicus,
10 Medline, and MEDLARS database of Health Services
11 Technology Assessment Research; and

12 (7) peer-reviewed scientific studies published in or
13 accepted for publication by medical journals that meet
14 nationally recognized requirements for scientific
15 manuscripts and that submit most of their published
16 articles for review by experts who are not part of the
17 editorial staff.

18 (e) When coverage of biomarker testing for the purpose of
19 diagnosis, treatment, or ongoing monitoring of any medical
20 condition is restricted for use by a group or individual
21 policy of accident and health insurance or managed care plan,
22 the patient and prescribing practitioner shall have access to
23 a clear, readily accessible, and convenient processes to
24 request an exception. The process shall be made readily
25 accessible on the insurer's website.

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 Sec. 5-3. Insurance Code provisions.

5 (a) Health Maintenance Organizations shall be subject to
6 the provisions of Sections 133, 134, 136, 137, 139, 140,
7 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
8 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
9 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
10 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
11 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
12 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
13 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,
14 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
15 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
16 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
17 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
18 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
19 Insurance Code.

20 (b) For purposes of the Illinois Insurance Code, except
21 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
22 Health Maintenance Organizations in the following categories
23 are 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
14 financial conditions of the acquired Health Maintenance
15 Organization after the merger, consolidation, or other
16 acquisition of 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
21 to 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,
26 take into account the effect of the management contract or

1 service agreement on the continuation of benefits to enrollees
2 and the financial condition of the health maintenance
3 organization to be managed or serviced, and (ii) need not take
4 into account the effect of the management contract or service
5 agreement on 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
10 Health Maintenance Organization may by contract agree with a
11 group or other enrollment unit to effect refunds or charge
12 additional 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
18 not 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
18 the 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
26 accordance with all provisions of the Illinois Administrative

1 Procedure Act and all rules and procedures of the Joint
2 Committee on Administrative Rules; any purported rule not so
3 adopted, for 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; 101-625, eff. 1-1-21.)

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

12 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

13 Sec. 4003. Illinois Insurance Code provisions. Limited
14 health service organizations shall be subject to the
15 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
16 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
17 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
18 355b, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
19 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a,
20 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and
21 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,
22 XXV, and XXVI of the Illinois Insurance Code. For purposes of
23 the Illinois Insurance Code, except for Sections 444 and 444.1
24 and Articles XIII and XIII 1/2, limited health service

1 organizations in the following categories are deemed to be
2 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; 101-625, eff. 1-1-21.)

14 Section 40. 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,
22 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,
23 356y, 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, 356z.43, 364.01,
3 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
4 and 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;
16 101-625, eff. 1-1-21.)

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

19 (305 ILCS 5/5-16.8)

20 Sec. 5-16.8. Required health benefits. The medical
21 assistance program shall (i) provide the post-mastectomy care
22 benefits required to be covered by a policy of accident and
23 health insurance under Section 356t and the coverage required
24 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26,

1 356z.29, 356z.32, 356z.33, 356z.34, ~~and~~ 356z.35, and 356z.43
2 of the Illinois Insurance Code and (ii) be subject to the
3 provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of
4 the Illinois Insurance Code.

5 The Department, by rule, shall adopt a model similar to
6 the requirements of Section 356z.39 of the Illinois Insurance
7 Code.

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

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

18 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
19 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
20 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
21 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)".