



Rep. Kathleen Willis

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10200HB4349ham001

LRB102 23027 BMS 35758 a

1 AMENDMENT TO HOUSE BILL 4349

2 AMENDMENT NO. _____. Amend House Bill 4349 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, 356q, 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, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
2 and 356z.53 ~~and 356z.43~~ of the Illinois Insurance Code. The
3 program of health benefits must comply with Sections 155.22a,
4 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
5 the Illinois Insurance Code. The Department of Insurance shall
6 enforce the requirements of this Section with respect to
7 Sections 370c and 370c.1 of the Illinois Insurance Code; all
8 other requirements of this Section shall be enforced by the
9 Department of Central Management Services.

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

16 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
17 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
18 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
19 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
20 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
21 10-26-21.)

22 Section 10. The Illinois Insurance Code is amended by
23 changing Section 356c and by adding Section 356z.53 as
24 follows:

1 (215 ILCS 5/356c) (from Ch. 73, par. 968c)

2 Sec. 356c. (1) No policy of accident and health insurance
3 providing coverage of hospital expenses or medical expenses or
4 both on an expense incurred basis which in addition to
5 covering the insured, also covers members of the insured's
6 immediate family, shall contain any disclaimer, waiver or
7 other limitation of coverage relative to the hospital or
8 medical coverage or insurability of newborn infants from and
9 after the moment of birth.

10 (2) Each such policy of accident and health insurance
11 shall contain a provision stating that the accident and health
12 insurance benefits applicable for children shall be granted
13 immediately with respect to a newly born child from the moment
14 of birth. The coverage for newly born children shall include
15 coverage of illness, injury, congenital defects (including the
16 treatment of cleft lip and cleft palate), birth abnormalities
17 and premature birth.

18 (3) If payment of a specific premium is required to
19 provide coverage for a child, the policy may require that
20 notification of birth of a newly born child must be furnished
21 to the insurer within 31 days after the date of birth in order
22 to have the coverage continue beyond such 31 day period and may
23 require payment of the appropriate premium.

24 (4) In the event that no other members of the insured's
25 immediate family are covered, immediate coverage for the first
26 newborn infant shall be provided if the insured applies for

1 dependent's coverage within 31 days of the newborn's birth.
2 Such coverage shall be contingent upon payment of the
3 additional premium.

4 (5) The requirements of this Section shall apply, on or
5 after the sixtieth day following the effective date of this
6 Section, (a) to all such non-group policies delivered or
7 issued for delivery, and (b) to all such group policies
8 delivered, issued for delivery, renewed or amended. The
9 insurers of such non-group policies in effect on the sixtieth
10 day following the effective date of this Section shall extend
11 to owners of said policies, on or before the first policy
12 anniversary following such date, the opportunity to apply for
13 the addition to their policies of a provision as set forth in
14 paragraph (2) above, with, at the option of the insurer,
15 payment of a premium appropriate thereto.

16 (Source: P.A. 85-220.)

17 (215 ILCS 5/356z.53 new)

18 Sec. 356z.53. Coverage for cleft lip and cleft palate.

19 (a) As used in this Section, "medically necessary care and
20 treatment" to address congenital anomalies associated with a
21 cleft lip or palate, or both, includes:

22 (1) oral and facial surgery, including reconstructive
23 services and procedures necessary to improve and restore
24 and maintain vital functions;

25 (2) prosthetic treatment such as obdurators, speech

1 appliances, and feeding appliances;

2 (3) orthodontic treatment and management;

3 (4) prosthodontic treatment and management; and

4 (5) otolaryngology treatment and management.

5 "Medically necessary care and treatment" does not include
6 cosmetic surgery performed to reshape normal structures of the
7 lip, jaw, palate, or other facial structures to improve
8 appearance.

9 (b) An individual or group policy of accident and health
10 insurance amended, delivered, issued, or renewed on or after
11 the effective date of this amendatory Act of the 102nd General
12 Assembly shall provide coverage for the medically necessary
13 care and treatment of cleft lip and palate for children under
14 the age of 19. Coverage for cleft lip and palate care and
15 treatment may impose the same deductible, coinsurance, or
16 other cost-sharing limitation that is imposed on other related
17 surgical benefits under the policy.

18 (c) This Section does not apply to a policy that covers
19 only dental care.

20 Section 99. Effective date. This Act takes effect January
21 1, 2024."