



Sen. Adriane Johnson

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10200SB0968sam002

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1 AMENDMENT TO SENATE BILL 968

2 AMENDMENT NO. _____. Amend Senate Bill 968 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. Coverage for pancreatic cancer screening. A
22 group or individual policy of accident and health insurance or
23 a managed care plan that is amended, delivered, issued, or
24 renewed on or after January 1, 2022 shall provide coverage for

1 medically necessary pancreatic cancer screening.

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

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

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

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

5 (3) a corporation organized under the laws of another
6 state, 30% or more of the enrollees of which are residents
7 of this State, except a corporation subject to
8 substantially the same requirements in its state of
9 organization as is a "domestic company" under Article VIII
10 1/2 of the Illinois Insurance Code.

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

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

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

26 (3) the Director shall have the power to require the

1 following information:

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

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

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

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

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

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

1 specified in Section 141.2 of the Illinois Insurance Code,
2 take into account the effect of the management contract or
3 service agreement on the continuation of benefits to enrollees
4 and the financial condition of the health maintenance
5 organization to be managed or serviced, and (ii) need not take
6 into account the effect of the management contract or service
7 agreement on competition.

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

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

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

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

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

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

26 (g) Rulemaking authority to implement Public Act 95-1045,

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

6 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
7 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
8 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
9 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
11 1-1-20; 101-625, eff. 1-1-21.)

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

14 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

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

1 the Illinois Insurance Code, except for Sections 444 and 444.1
2 and Articles XIII and XIII 1/2, limited health service
3 organizations in the following categories are deemed to be
4 domestic companies:

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

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

12 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
13 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
14 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
15 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

18 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

1 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
2 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
3 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
4 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 364.01,
5 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
6 and paragraphs (7) and (15) of Section 367 of the Illinois
7 Insurance Code.

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; 100-1026, eff. 8-22-18; 100-1057, eff.
16 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
17 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
18 101-625, eff. 1-1-21.)

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

21 (305 ILCS 5/5-16.8)

22 Sec. 5-16.8. Required health benefits. The medical
23 assistance program shall (i) provide 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.5, 356u, 356w, 356x, 356z.6, 356z.26,
3 356z.29, 356z.32, 356z.33, 356z.34, ~~and 356z.35,~~ and 356z.43
4 of the Illinois Insurance Code and (ii) be subject to the
5 provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of
6 the Illinois Insurance Code.

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

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

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

20 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
21 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
22 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
23 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)".