



Sen. Julie A. Morrison

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10200SB2969sam001

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1 AMENDMENT TO SENATE BILL 2969

2 AMENDMENT NO. _____. Amend Senate Bill 2969 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 Counties Code is amended by changing
23 Section 5-1069.3 as follows:

24 (55 ILCS 5/5-1069.3)

1 Sec. 5-1069.3. Required health benefits. If a county,
2 including a home rule county, is a self-insurer for purposes
3 of providing health insurance coverage for its employees, the
4 coverage shall include coverage for the post-mastectomy care
5 benefits required to be covered by a policy of accident and
6 health insurance under Section 356t and the coverage required
7 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
8 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
9 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
10 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
11 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, and 356z.53 ~~and~~
12 ~~356z.43~~ of the Illinois Insurance Code. The coverage shall
13 comply with Sections 155.22a, 355b, 356z.19, and 370c of the
14 Illinois Insurance Code. The Department of Insurance shall
15 enforce the requirements of this Section. The requirement that
16 health benefits be covered as provided in this Section is an
17 exclusive power and function of the State and is a denial and
18 limitation under Article VII, Section 6, subsection (h) of the
19 Illinois Constitution. A home rule county to which this
20 Section applies must comply with every provision of this
21 Section.

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
3 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
4 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
5 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
6 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
7 10-26-21.)

8 Section 15. The Illinois Municipal Code is amended by
9 changing Section 10-4-2.3 as follows:

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

11 Sec. 10-4-2.3. Required health benefits. If a
12 municipality, including a home rule municipality, is a
13 self-insurer for purposes of providing health insurance
14 coverage for its employees, the coverage shall include
15 coverage for the post-mastectomy care benefits required to be
16 covered by a policy of accident and health insurance under
17 Section 356t and the coverage required under Sections 356g,
18 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.6, 356z.8,
19 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
20 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
21 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
22 356z.48, 356z.51, and 356z.53 ~~and 356z.43~~ of the Illinois
23 Insurance Code. The coverage shall comply with Sections
24 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance

1 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 is an exclusive power
4 and function of the State and is a denial and limitation under
5 Article VII, Section 6, subsection (h) of the Illinois
6 Constitution. A home rule municipality to which this Section
7 applies 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
15 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
16 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
17 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
18 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
19 10-26-21.)

20 Section 20. The School Code is amended by changing Section
21 10-22.3f as follows:

22 (105 ILCS 5/10-22.3f)

23 Sec. 10-22.3f. Required health benefits. Insurance
24 protection and benefits for employees shall provide the

1 post-mastectomy care benefits required to be covered by a
2 policy of accident and health insurance under Section 356t and
3 the coverage required under Sections 356g, 356g.5, 356g.5-1,
4 356q, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11,
5 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
6 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
7 356z.41, 356z.45, 356z.46, 356z.47, 356z.51, and 356z.53 and
8 ~~356z.43~~ of the Illinois Insurance Code. Insurance policies
9 shall comply with Section 356z.19 of the Illinois Insurance
10 Code. The coverage shall comply with Sections 155.22a, 355b,
11 and 370c of the Illinois Insurance Code. The Department of
12 Insurance shall enforce the requirements of this Section.

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

19 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
20 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
21 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
22 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
23 102-665, eff. 10-8-21; revised 10-27-21.)

24 Section 25. The Illinois Insurance Code is amended by
25 adding Section 356z.53 as follows:

1 (215 ILCS 5/356z.53 new)

2 Sec. 356z.53. Coverage for continuous glucose monitors. A
3 group or individual policy of accident and health insurance or
4 a managed care plan that is amended, delivered, issued, or
5 renewed on or after January 1, 2024 shall provide coverage for
6 medically necessary continuous glucose monitors for
7 individuals who are diagnosed with type 1 or type 2 diabetes
8 and require insulin for the management of their diabetes.

9 Section 30. The Health Maintenance Organization Act is
10 amended by changing Section 5-3 as follows:

11 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to
14 the provisions of Sections 133, 134, 136, 137, 139, 140,
15 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
16 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
17 355.3, 355b, 356g.5-1, 356m, 356q, 356v, 356w, 356x, 356y,
18 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
19 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
20 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
21 356z.30, 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36,
22 356z.40, 356z.41, 356z.43, 356z.46, 356z.47, 356z.48, 356z.50,
23 356z.51, 356z.53, 364, 364.01, 367.2, 367.2-5, 367i, 368a,

1 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403,
2 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
3 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
4 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
5 Illinois Insurance Code.

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

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

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

14 (3) a corporation organized under the laws of another
15 state, 30% or more of the enrollees of which are residents
16 of this State, except a corporation subject to
17 substantially the same requirements in its state of
18 organization as is a "domestic company" under Article VIII
19 1/2 of the Illinois Insurance Code.

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

23 (1) the Director shall give primary consideration to
24 the continuation of benefits to enrollees and the
25 financial conditions of the acquired Health Maintenance
26 Organization after the merger, consolidation, or other

1 acquisition of control takes effect;

2 (2) (i) the criteria specified in subsection (1) (b) of
3 Section 131.8 of the Illinois Insurance Code shall not
4 apply and (ii) the Director, in making his determination
5 with respect to the merger, consolidation, or other
6 acquisition of control, need not take into account the
7 effect on competition of the merger, consolidation, or
8 other acquisition of control;

9 (3) the Director shall have the power to require the
10 following information:

11 (A) certification by an independent actuary of the
12 adequacy of the reserves of the Health Maintenance
13 Organization sought to be acquired;

14 (B) pro forma financial statements reflecting the
15 combined balance sheets of the acquiring company and
16 the Health Maintenance Organization sought to be
17 acquired as of the end of the preceding year and as of
18 a date 90 days prior to the acquisition, as well as pro
19 forma financial statements reflecting projected
20 combined operation for a period of 2 years;

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

25 (D) such other information as the Director shall
26 require.

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

7 (e) In considering any management contract or service
8 agreement subject to Section 141.1 of the Illinois Insurance
9 Code, the Director (i) shall, in addition to the criteria
10 specified in Section 141.2 of the Illinois Insurance Code,
11 take into account the effect of the management contract or
12 service agreement on the continuation of benefits to enrollees
13 and the financial condition of the health maintenance
14 organization to be managed or serviced, and (ii) need not take
15 into account the effect of the management contract or service
16 agreement on competition.

17 (f) Except for small employer groups as defined in the
18 Small Employer Rating, Renewability and Portability Health
19 Insurance Act and except for medicare supplement policies as
20 defined in Section 363 of the Illinois Insurance Code, a
21 Health Maintenance Organization may by contract agree with a
22 group or other enrollment unit to effect refunds or charge
23 additional premiums under the following terms and conditions:

24 (i) the amount of, and other terms and conditions with
25 respect to, the refund or additional premium are set forth
26 in the group or enrollment unit contract agreed in advance

1 of the period for which a refund is to be paid or
2 additional premium is to be charged (which period shall
3 not be less than one year); and

4 (ii) the amount of the refund or additional premium
5 shall not exceed 20% of the Health Maintenance
6 Organization's profitable or unprofitable experience with
7 respect to the group or other enrollment unit for the
8 period (and, for purposes of a refund or additional
9 premium, the profitable or unprofitable experience shall
10 be calculated taking into account a pro rata share of the
11 Health Maintenance Organization's administrative and
12 marketing expenses, but shall not include any refund to be
13 made or additional premium to be paid pursuant to this
14 subsection (f)). The Health Maintenance Organization and
15 the group or enrollment unit may agree that the profitable
16 or unprofitable experience may be calculated taking into
17 account the refund period and the immediately preceding 2
18 plan years.

19 The Health Maintenance Organization shall include a
20 statement in the evidence of coverage issued to each enrollee
21 describing the possibility of a refund or additional premium,
22 and upon request of any group or enrollment unit, provide to
23 the group or enrollment unit a description of the method used
24 to calculate (1) the Health Maintenance Organization's
25 profitable experience with respect to the group or enrollment
26 unit and the resulting refund to the group or enrollment unit

1 or (2) the Health Maintenance Organization's unprofitable
2 experience with respect to the group or enrollment unit and
3 the resulting additional premium to be paid by the group or
4 enrollment unit.

5 In no event shall the Illinois Health Maintenance
6 Organization Guaranty Association be liable to pay any
7 contractual obligation of an insolvent organization to pay any
8 refund authorized under this Section.

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

15 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
16 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
17 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
18 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
19 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
20 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
21 eff. 10-8-21; revised 10-27-21.)

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

24 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

1 Sec. 4003. Illinois Insurance Code provisions. Limited
2 health service organizations shall be subject to the
3 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
4 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
5 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
6 355b, 356q, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
7 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.46,
8 356z.47, 356z.51, 356z.53, ~~356z.43,~~ 368a, 401, 401.1, 402,
9 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles
10 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
11 the Illinois Insurance Code. For purposes of the Illinois
12 Insurance Code, except for Sections 444 and 444.1 and Articles
13 XIII and XIII 1/2, limited health service organizations in the
14 following categories are deemed to be domestic companies:

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

16 (2) a corporation organized under the laws of another
17 state, 30% or more of the enrollees of which are residents
18 of this State, except a corporation subject to
19 substantially the same requirements in its state of
20 organization as is a domestic company under Article VIII
21 1/2 of the Illinois Insurance Code.

22 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
23 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
24 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
25 eff. 1-1-22; revised 10-27-21.)

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

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 Sec. 10. Application of Insurance Code provisions. Health
5 services plan corporations and all persons interested therein
6 or dealing therewith shall be subject to the provisions of
7 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
8 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
9 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
10 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6,
11 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
12 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26,
13 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.40,
14 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, ~~356z.43,~~ 364.01,
15 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
16 and paragraphs (7) and (15) of Section 367 of the Illinois
17 Insurance Code.

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. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
25 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.

1 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
2 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
3 revised 10-27-21.)

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

6 (305 ILCS 5/5-16.8)

7 Sec. 5-16.8. Required health benefits. The medical
8 assistance program shall (i) provide the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
12 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
13 356z.47, 356z.51, and 356z.53, ~~and 356z.43~~ of the Illinois
14 Insurance Code, (ii) be subject to the provisions of Sections
15 356z.19, ~~356z.43,~~ 356z.44, 356z.49, 364.01, 370c, and 370c.1
16 of the Illinois Insurance Code, and (iii) be subject to the
17 provisions of subsection (d-5) of Section 10 of the Network
18 Adequacy and Transparency Act.

19 The Department, by rule, shall adopt a model similar to
20 the requirements of Section 356z.39 of the Illinois Insurance
21 Code.

22 On and after July 1, 2012, the Department shall reduce any
23 rate of reimbursement for services or other payments or alter
24 any methodologies authorized by this Code to reduce any rate

1 of reimbursement for services or other payments in accordance
2 with Section 5-5e.

3 To ensure full access to the benefits set forth in this
4 Section, on and after January 1, 2016, the Department shall
5 ensure that provider and hospital reimbursement for
6 post-mastectomy care benefits required under this Section are
7 no lower than the Medicare reimbursement rate.

8 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
9 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
10 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
11 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
12 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; revised
13 10-27-21.)".