



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB1565

Introduced 1/31/2023, by Rep. Katie Stuart

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11	
55 ILCS 5/5-1069.3	
65 ILCS 5/10-4-2.3	
105 ILCS 5/10-22.3f	
215 ILCS 5/356z.61 new	
215 ILCS 125/5-3	from Ch. 111 1/2, par. 1411.2
215 ILCS 130/4003	from Ch. 73, par. 1504-3
215 ILCS 165/10	from Ch. 32, par. 604
305 ILCS 5/5-16.8	

Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2024 and that provides coverage for prescription drugs shall provide coverage for vaginal estrogen, and that coverage for vaginal estrogen shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code.

LRB103 25816 BMS 52167 b

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

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

6 (5 ILCS 375/6.11)

7 (Text of Section before amendment by P.A. 102-768)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall
10 provide the post-mastectomy care benefits required to be
11 covered by a policy of accident and health insurance under
12 Section 356t of the Illinois Insurance Code. The program of
13 health benefits shall provide the coverage required under
14 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
15 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
16 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and
20 356z.61 of the Illinois Insurance Code. The program of health
21 benefits must comply with Sections 155.22a, 155.37, 355b,
22 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
23 Insurance Code. The Department of Insurance shall enforce the

1 requirements of this Section with respect to Sections 370c and
2 370c.1 of the Illinois Insurance Code; all other requirements
3 of this Section shall be enforced by the Department of Central
4 Management Services.

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

11 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
12 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
13 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
14 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
15 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
16 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
17 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
18 revised 12-13-22.)

19 (Text of Section after amendment by P.A. 102-768)

20 Sec. 6.11. Required health benefits; Illinois Insurance
21 Code requirements. The program of health benefits shall
22 provide the post-mastectomy care benefits required to be
23 covered by a policy of accident and health insurance under
24 Section 356t of the Illinois Insurance Code. The program of
25 health benefits shall provide the coverage required under

1 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
2 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
5 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
6 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, ~~and~~
7 356z.60, and 356z.61 of the Illinois Insurance Code. The
8 program of health benefits must comply with Sections 155.22a,
9 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
10 the Illinois Insurance Code. The Department of Insurance shall
11 enforce the requirements of this Section with respect to
12 Sections 370c and 370c.1 of the Illinois Insurance Code; all
13 other requirements of this Section shall be enforced by the
14 Department of Central Management Services.

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

21 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
22 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
23 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
24 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
26 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,

1 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
2 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

5 (55 ILCS 5/5-1069.3)

6 Sec. 5-1069.3. Required health benefits. If a county,
7 including a home rule county, is a self-insurer for purposes
8 of providing health insurance coverage for its employees, the
9 coverage shall include coverage for the post-mastectomy care
10 benefits required to be covered by a policy of accident and
11 health insurance under Section 356t and the coverage required
12 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
13 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
14 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
15 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
16 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,
17 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.61
18 of the Illinois Insurance Code. The coverage shall comply with
19 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
20 Insurance Code. The Department of Insurance shall enforce the
21 requirements of this Section. The requirement that health
22 benefits be covered as provided in this Section is an
23 exclusive power and function of the State and is a denial and
24 limitation under Article VII, Section 6, subsection (h) of the

1 Illinois Constitution. A home rule county to which this
2 Section applies must comply with every provision of this
3 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
11 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
12 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
13 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
14 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
15 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
16 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
17 102-1117, eff. 1-13-23.)

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

20 (65 ILCS 5/10-4-2.3)

21 Sec. 10-4-2.3. Required health benefits. If a
22 municipality, including a home rule municipality, is a
23 self-insurer for purposes of providing health insurance
24 coverage for its employees, the coverage shall include

1 coverage for the post-mastectomy care benefits required to be
2 covered by a policy of accident and health insurance under
3 Section 356t and the coverage required under Sections 356g,
4 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
5 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
6 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
7 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
8 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
9 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.61 of the
10 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 is an exclusive power
15 and function of the State and is a denial and limitation under
16 Article VII, Section 6, subsection (h) of the Illinois
17 Constitution. A home rule municipality to which this Section
18 applies must comply with every provision of this Section.

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

25 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
26 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.

1 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
2 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
3 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
4 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
5 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
6 102-1117, eff. 1-13-23.)

7 Section 20. The School Code is amended by changing Section
8 10-22.3f as follows:

9 (105 ILCS 5/10-22.3f)

10 Sec. 10-22.3f. Required health benefits. Insurance
11 protection and benefits for employees shall provide the
12 post-mastectomy care benefits required to be covered by a
13 policy of accident and health insurance under Section 356t and
14 the coverage required under Sections 356g, 356g.5, 356g.5-1,
15 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
16 356z.9, 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, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and
20 356z.61 of the Illinois Insurance Code. Insurance policies
21 shall comply with Section 356z.19 of the Illinois Insurance
22 Code. The coverage shall comply with Sections 155.22a, 355b,
23 and 370c of the Illinois Insurance Code. The Department of
24 Insurance shall enforce the requirements of this Section.

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

7 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
8 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
9 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
10 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
11 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
12 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
13 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

14 Section 25. The Illinois Insurance Code is amended by
15 adding Section 356z.61 as follows:

16 (215 ILCS 5/356z.61 new)

17 Sec. 356z.61. Coverage of prescription estrogen.

18 (a) A group or individual policy of accident and health
19 insurance or a managed care plan that is amended, delivered,
20 issued, or renewed on or after January 1, 2024 and that
21 provides coverage for prescription drugs shall include
22 coverage for one or more therapeutic equivalent versions of
23 vaginal estrogen in its formulary. A policy is not required to
24 include all therapeutic equivalent versions of vaginal

1 estrogen in its formulary so long as at least one is included
2 and covered without cost sharing and in accordance with this
3 Section.

4 (b) If an individual's attending provider recommends a
5 particular vaginal estrogen product or its therapeutic
6 equivalent version approved by the United States Food and Drug
7 Administration based on the provider's determination, the
8 issuer must cover that service or item without cost sharing.

9 (c) A policy subject to this Section shall not impose a
10 deductible, coinsurance, copayment, or any other cost-sharing
11 requirement on the coverage provided; except that this
12 subsection does not apply to coverage of vaginal estrogen to
13 the extent such coverage would disqualify a high-deductible
14 health plan from eligibility for a health savings account
15 pursuant to Section 223 of the Internal Revenue Code.

16 (d) As used in this Section, "therapeutic equivalent
17 version" has the meaning given to that term in paragraph (2) of
18 subsection (a) of Section 356z.4.

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

21 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

22 Sec. 5-3. Insurance Code provisions.

23 (a) Health Maintenance Organizations shall be subject to
24 the provisions of Sections 133, 134, 136, 137, 139, 140,

1 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
2 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
3 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
4 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
5 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
6 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
7 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
8 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
9 356z.50, 356z.51, 356z.53 ~~256z.53~~, 356z.54, 356z.56, 356z.57,
10 356z.59, 356z.60, 356z.61, 364, 364.01, 364.3, 367.2, 367.2-5,
11 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1,
12 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
13 paragraph (c) of subsection (2) of Section 367, and Articles
14 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and
15 XXXIIB of the Illinois Insurance Code.

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

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

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

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

1 substantially the same requirements in its state of
2 organization as is a "domestic company" under Article VIII
3 1/2 of the Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 account the refund period and the immediately preceding 2
2 plan years.

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

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

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

25 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
26 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.

1 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
2 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
3 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
4 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
5 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
6 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
7 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
8 eff. 1-1-23; 102-1117, eff. 1-13-23; revised 1-22-23.)

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

11 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

12 Sec. 4003. Illinois Insurance Code provisions. Limited
13 health service organizations shall be subject to the
14 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
15 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
16 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
17 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,
18 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
19 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,
20 356z.59, 356z.61, 364.3, 368a, 401, 401.1, 402, 403, 403A,
21 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII
22 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
23 Illinois Insurance Code. Nothing in this Section shall require
24 a limited health care plan to cover any service that is not a

1 limited health service. For purposes of the Illinois Insurance
2 Code, except for Sections 444 and 444.1 and Articles XIII and
3 XIII 1/2, limited health service organizations in the
4 following categories are deemed to be 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
13 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
14 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
15 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
16 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
17 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

20 (215 ILCS 165/10) (from Ch. 32, par. 604)

21 Sec. 10. Application of Insurance Code provisions. Health
22 services plan corporations and all persons interested therein
23 or dealing therewith shall be subject to the provisions of
24 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,

1 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
2 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
3 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
4 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
5 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
6 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
7 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
8 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 364.01, 364.3,
9 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
10 and paragraphs (7) and (15) of Section 367 of the Illinois
11 Insurance Code.

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

18 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
19 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
20 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
21 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
22 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
23 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
24 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
25 102-1117, eff. 1-13-23.)

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

3 (305 ILCS 5/5-16.8)

4 Sec. 5-16.8. Required health benefits. The medical
5 assistance program shall (i) provide the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
9 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
10 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, ~~and~~ 356z.60, and
11 356z.61 of the Illinois Insurance Code, (ii) be subject to the
12 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
13 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
14 subject to the provisions of subsection (d-5) of Section 10 of
15 the Network Adequacy and Transparency Act.

16 The Department, by rule, shall adopt a model similar to
17 the requirements of Section 356z.39 of the Illinois Insurance
18 Code.

19 On and after July 1, 2012, the Department shall reduce any
20 rate of reimbursement for services or other payments or alter
21 any methodologies authorized by this Code to reduce any rate
22 of reimbursement for services or other payments in accordance
23 with Section 5-5e.

24 To ensure full access to the benefits set forth in this
25 Section, on and after January 1, 2016, the Department shall

1 ensure that provider and hospital reimbursement for
2 post-mastectomy care benefits required under this Section are
3 no lower than the Medicare reimbursement rate.

4 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
5 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
6 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
7 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
8 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
9 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
10 eff. 1-1-23; 102-1117, eff. 1-13-23.)

11 Section 95. No acceleration or delay. Where this Act makes
12 changes in a statute that is represented in this Act by text
13 that is not yet or no longer in effect (for example, a Section
14 represented by multiple versions), the use of that text does
15 not accelerate or delay the taking effect of (i) the changes
16 made by this Act or (ii) provisions derived from any other
17 Public Act.