AMENDMENT TO HOUSE BILL 5417

AMENDMENT NO. ______. Amend House Bill 5417 by replacing everything after the enacting clause with the following:

"Section 5. The Illinois Insurance Code is amended by adding Section 356z.71 as follows:

(215 ILCS 5/356z.71 new)

Sec. 356z.71. Coverage for home test kits for sexually transmitted infections (STIs).

(a) As used in this Section, "home test kit" means a product used for a test recommended by the federal Centers for Disease Control and Prevention guidelines or the United States Preventive Services Task Force that has received a certificate of waiver under the Clinical Laboratory Improvement Amendments to the federal Public Health Services Act, has been cleared or approved by the United States Food and Drug Administration, or has been developed by a laboratory in accordance with
established regulations and quality standards, to allow
individuals to self-collect specimens for STIs, including HIV,
remotely at a location outside of a clinical setting.

(b) An individual or group policy of accident and health
insurance amended, delivered, issued, or renewed in this State
after January 1, 2026 shall provide coverage for home test
kits for sexually transmitted infections, including any
laboratory costs of processing the kit, that are deemed
medically necessary or appropriate and ordered directly by a
clinician for patient use based on clinical guidelines and
individual patient health needs.

(1) A commercial health care plan is required to cover
the services outlined in this subsection when ordered for
an enrollee by an in-network provider.

(2) Except as otherwise provided in this subsection, a
policy subject to this subsection shall not impose a
deductible, coinsurance, copayment, or any other
cost-sharing requirement on the coverage provided. The
provisions of this subsection do not apply to coverage of
procedures to the extent such coverage would disqualify a
high-deductible health plan from eligibility for a health
savings account pursuant to the federal Internal Revenue

(3) Except as otherwise authorized under this Section,
a policy shall not impose any restrictions or delays on
the coverage required under this Section.
(4) If a plan or issuer uses a network of providers, nothing in this Section shall be construed to require coverage or to prohibit the plan or issuer from imposing cost-sharing for items or services described in this Section that are provided or delivered by an out-of-network provider, unless the plan or issuer does not have in its network a provider who is able to or is willing to provide the applicable items or services.

Section 10. The Illinois Public Aid Code is amended by changing Section 5-16.8 as follows:

Sec. 5-16.8. Required health benefits. The medical assistance program shall (i) provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6, 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46, 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, 356z.60, and 356z.61, 356z.64, 356z.67, and 356z.71 of the Illinois Insurance Code, (ii) be subject to the provisions of Sections 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be subject to the provisions of subsection (d-5) of Section 10 of the Network Adequacy and Transparency Act.
The Department, by rule, shall adopt a model similar to the requirements of Section 356z.39 of the Illinois Insurance Code.

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

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

(Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-1-24; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24; revised 12-15-23.)

Section 15. The AIDS Confidentiality Act is amended by adding Section 5.6 as follows:

(410 ILCS 305/5.6 new)

Sec. 5.6. Illinois AIDS Drug Assistance Program.

(a) The purpose of this Section is to expand and assist
with implementation of the Rapid Start for HIV treatment
model. The pilot sites will allow the development of a
coordinated system of health care services to provide timely
and quality HIV treatment. This will occur by increasing the
capacity of the Department of Public Health and build toward
establishing the Rapid Start model as the standard of care for
HIV treatment. This program shall be known as the Illinois
AIDS Drug Assistance Program or Illinois ADAP.

(b) In this Section:

"Conditional approval" means Illinois ADAP approval within
one business day after submission of documentation of Illinois
residency, a program agreement form, and an attestation of
remaining eligibility requirements.

"Rapid Start for HIV Treatment" means initiating
antiretroviral therapy within 7 days after initial diagnosis
or within 7 days after referral to HIV medical care as defined
by the Centers for Disease Control and Prevention
recommendations for HIV treatment.

(c) Beginning January 1, 2026, Illinois ADAP shall
establish a pathway for conditional approval of Illinois ADAP
enrollment for new applicants seeking to enter or reenter
medical care. Applicants receiving conditional approval on or
after January 1, 2026 will have 30 days to submit a complete
Illinois ADAP application, addressing all remaining
eligibility requirements.

(d) The Department of Public Health shall establish one
Rapid Start for HIV Treatment pilot site per HIV Care Connect Region. The Department may implement processes and adopt rules to implement this pilot program in accordance with industry standards informed by the most current Centers for Disease Control and Prevention and Health Resources and Services Administration guidance on HIV care and treatment.

(e) The pilot sites shall abide by the following principles:

(1) Nothing About Us Without Us: Pilot site programs and services shall be formulated with transparency, community involvement, and direct ongoing input by people living with and vulnerable to HIV.

(2) Equity: Pilot site programs and services shall provide equitable support, services, and resources to all participants and ensure accessibility to the greatest extent possible.

(3) Self-Determination: Pilot site programs and services shall prioritize individual dignity and autonomy in decision-making while encouraging people to connect with additional services that promote health and well-being.

(4) Reduce Stigma: Pilot site programs and services shall affirm the humanity and dignity of people living with or vulnerable to HIV and shall operate in a way that is welcoming to reduce stigma and build trust.

(5) Safe Spaces: Pilot site programs and services
shall prioritize relationship-building and trust among partners, staff, and participants to create safe spaces.

(f) The Department shall compile reports from each of the pilot sites on the operation of the pilot program upon completion of the pilot period. The Department shall share a comprehensive report summarizing the findings of the pilot period with the General Assembly and the Governor's Office and shall make it publicly available on its Internet website. The report may include:

1. the number of offers made for enrollment;
2. the number of enrolled participants;
3. the number and reasons of patients declined for service, when available; and
4. the length of time from initial diagnosis or referral to the start of HIV treatment, and, when available, the length of time participants were able to achieve an undetectable viral load.

Data shall also include demographic data on the race, ethnicity, age, sex, disability status, sexual orientation, gender identity, and primary or preferred language of program participants in accordance with the Data Governance and Organization to Support Equity and Racial Justice Act. The reports shall inform the Department's decisions concerning the continued operation of the Rapid Start for HIV treatment pilot program and its expansion, modification, discontinuation, or progress towards becoming the standard of care for HIV
treatment. The contents of the report shall be in accordance with the AIDS Confidentiality Act.

Implementation of this Section is subject to appropriations made to the Illinois Department of Public Health for that purpose.

Section 20. The County Jail Act is amended by changing Section 17.10 as follows:

(730 ILCS 125/17.10)

Sec. 17.10. Requirements in connection with HIV/AIDS.

(a) In each county other than Cook, during the medical admissions exam, the warden of the jail, a correctional officer at the jail, or a member of the jail medical staff must provide the prisoner with appropriate written information concerning human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The Department of Public Health and community-based organizations certified to provide HIV/AIDS testing must provide these informational materials to the warden at no cost to the county. The warden, a correctional officer, or a member of the jail medical staff must inform the prisoner of the option of being tested for infection with HIV by a certified local community-based agency or other available medical provider at no charge to the prisoner.

(b) In Cook County, during the medical admissions exam, an employee of the Cook County Health & Hospitals System must
provide the prisoner with appropriate information in writing, verbally or by video or other electronic means concerning human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and must also provide the prisoner with option of testing for infection with HIV or any other identified causative agent of AIDS, as well as counseling in connection with such testing. The Cook County Health & Hospitals System may provide the inmate with opt-out human immunodeficiency virus (HIV) testing, as defined in Section 4 of the AIDS Confidentiality Act, unless the inmate refuses. If opt-out HIV testing is conducted, the Cook County Health & Hospitals System shall place signs in English, Spanish, and other languages as needed in multiple, highly visible locations in the area where HIV testing is conducted informing inmates that they will be tested for HIV unless they refuse, and refusal or acceptance of testing shall be documented in the inmate's medical record. Pre-test information shall be provided to the inmate and informed consent obtained from the inmate as required in subsection (q) of Section 3 and Section 5 of the AIDS Confidentiality Act. The Cook County Health & Hospitals System shall follow procedures established by the Department of Public Health to conduct HIV testing and testing to confirm positive HIV test results. All aspects of HIV testing shall comply with the requirements of the AIDS Confidentiality Act, including delivery of test results, as determined by the Cook County Health & Hospitals
System in consultation with the Illinois Department of Public
Health. Nothing in this Section shall require the Cook County
Health & Hospitals System to offer HIV testing to inmates who
are known to be infected with HIV. The Department of Public
Health and community-based organizations certified to provide
HIV/AIDS testing may provide these informational materials to
the Bureau at no cost to the county. The testing provided under
this subsection (b) shall consist of a test approved by the
Illinois Department of Public Health to determine the presence
of HIV infection, based upon recommendations of the United
States Centers for Disease Control and Prevention. If the test
result is positive, a reliable supplemental test based upon
recommendations of the United States Centers for Disease
Control and Prevention shall be administered.

(b-5) The Department of Corrections shall include the
following information in the annual adult correctional
facility public inspection report for each county:

1. whether the warden of the jail, a correctional
   officer at the jail, or a member of the jail medical staff
   provide the prisoner with appropriate written information
   concerning HIV and AIDS during the medical admissions
   exam;

2. whether the warden, a correctional officer, or a
   member of the jail medical staff informs the prisoner of
   the option of being tested for infection with HIV by a
   certified local community-based agency or other available
medical provider at no charge to the prisoner;
(3) whether the warden of the jail makes appropriate
written information or visual aids concerning HIV/AIDS
available to every visitor to the jail;
(4) for Cook County, whether an employee of the Cook
County Health and Hospitals System provides the prisoner
with appropriate information in writing, verbally, or by
video or other electronic means concerning HIV and AIDS
during the medical admissions exam; and
(5) for Cook County, whether an employee of the Cook
County Health and Hospitals System provides the prisoner
with the option of testing for infection with HIV or any
other identified causative agent of AIDS, as well as
counseling in connection with such testing;
The Department of Public Health and community-based
organizations certified to provide HIV/AIDS testing shall
provide these informational materials to the warden at no cost
to the office of the county sheriff.
(c) In each county, the warden of the jail must make
appropriate written information concerning HIV/AIDS available
to every visitor to the jail. This information must include
information concerning persons or entities to contact for
local counseling and testing. The Department of Public Health
and community-based organizations certified to provide
HIV/AIDS testing must provide these informational materials to
the warden at no cost to the office of the county sheriff.
(d) Implementation of this Section is subject to appropriation.

(Source: P.A. 97-244, eff. 8-4-11; 97-323, eff. 8-12-11; 97-813, eff. 7-13-12; 98-1046, eff. 1-1-15)."