



Rep. Kelly M. Cassidy

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10300SB1561ham001

LRB103 27713 BMS 62257 a

1 AMENDMENT TO SENATE BILL 1561

2 AMENDMENT NO. _____. Amend Senate Bill 1561 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. "An Act concerning regulation", approved
5 January 13, 2023, Public Act 102-1117, is amended by changing
6 Section 99-99 as follows:

7 (P.A. 102-1117, Sec. 99-99)

8 Sec. 99-99. Effective date. This Act takes effect upon
9 becoming law, except that Article 16 takes effect on January
10 1, 2025.

11 (Source: P.A. 102-1117, eff. 1-13-23.)

12 Section 10. The State Employees Group Insurance Act of
13 1971 is amended by changing Section 6.11 as follows:

14 (5 ILCS 375/6.11)

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

2 Sec. 6.11. Required health benefits; Illinois Insurance
3 Code requirements. The program of health benefits shall
4 provide the post-mastectomy care benefits required to be
5 covered by a policy of accident and health insurance under
6 Section 356t of the Illinois Insurance Code. The program of
7 health benefits shall provide the coverage required under
8 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
9 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
10 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
11 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
12 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
13 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and
14 356z.62 of the Illinois Insurance Code. The program of health
15 benefits must comply with Sections 155.22a, 155.37, 355b,
16 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
17 Insurance Code. The Department of Insurance shall enforce the
18 requirements of this Section with respect to Sections 370c and
19 370c.1 of the Illinois Insurance Code; all other requirements
20 of this Section shall be enforced by the Department of Central
21 Management Services.

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. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
3 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
4 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
5 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
6 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
7 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
8 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
9 revised 12-13-22.)

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

11 Sec. 6.11. Required health benefits; Illinois Insurance
12 Code requirements. The program of health benefits shall
13 provide the post-mastectomy care benefits required to be
14 covered by a policy of accident and health insurance under
15 Section 356t of the Illinois Insurance Code. The program of
16 health benefits shall provide the coverage required under
17 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
18 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
19 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
20 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
21 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
22 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, ~~and~~
23 356z.60, and 356z.62 of the Illinois Insurance Code. The
24 program of health benefits must comply with Sections 155.22a,
25 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of

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

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

12 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
13 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
14 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
15 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
16 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
17 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
18 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
19 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

20 Section 15. The Criminal Identification Act is amended by
21 changing Section 3.2 as follows:

22 (20 ILCS 2630/3.2) (from Ch. 38, par. 206-3.2)

23 Sec. 3.2. (a) It is the duty of any person conducting or
24 operating a medical facility, or any physician or nurse as

1 soon as treatment permits to notify the local law enforcement
2 agency of that jurisdiction upon the application for treatment
3 of a person who is not accompanied by a law enforcement
4 officer, when it reasonably appears that the person requesting
5 treatment has received:

6 (1) any injury resulting from the discharge of a
7 firearm; or

8 (2) any injury sustained in the commission of or as a
9 victim of a criminal offense.

10 Any hospital, physician or nurse shall be forever held
11 harmless from any civil liability for their reasonable
12 compliance with the provisions of this Section.

13 (b) Notwithstanding subsection (a), nothing in this
14 Section shall be construed to require the reporting of lawful
15 health care activity, whether such activity may constitute a
16 violation of another state's law.

17 (c) As used in this Section:

18 "Lawful health care" means:

19 (1) reproductive health care that is not unlawful
20 under the laws of this State or was not unlawful under the
21 laws of this State as of January 13, 2023 (the effective
22 date of Public Act 102-1117), including on any theory of
23 vicarious, joint, several, or conspiracy liability; or

24 (2) the treatment of gender dysphoria or the
25 affirmation of an individual's gender identity or gender
26 expression, including but not limited to, all supplies,

1 care, and services of a medical, behavioral health, mental
2 health, surgical, psychiatric, therapeutic, diagnostic,
3 preventative, rehabilitative, or supportive nature that is
4 not unlawful under the laws of this State or was not
5 unlawful under the laws of this State as of January 13,
6 2023 (the effective date of Public Act 102-1117),
7 including on any theory of vicarious, joint, several, or
8 conspiracy liability.

9 "Lawful health care activity" means seeking, providing,
10 receiving, assisting in seeking, providing, or receiving,
11 providing material support for, or traveling to obtain lawful
12 health care.

13 (Source: P.A. 102-1117, eff. 1-13-23.)

14 Section 20. The Counties Code is amended by changing
15 Section 5-1069.3 as follows:

16 (55 ILCS 5/5-1069.3)

17 Sec. 5-1069.3. Required health benefits. If a county,
18 including a home rule county, is a self-insurer for purposes
19 of providing health insurance coverage for its employees, the
20 coverage shall include coverage for the post-mastectomy care
21 benefits required to be covered by a policy of accident and
22 health insurance under Section 356t and the coverage required
23 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
24 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,

1 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
2 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
3 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,
4 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.62
5 of the Illinois Insurance Code. The coverage shall comply with
6 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
7 Insurance Code. The Department of Insurance shall enforce the
8 requirements of this Section. The requirement that health
9 benefits be covered as provided in this Section is an
10 exclusive power and function of the State and is a denial and
11 limitation under Article VII, Section 6, subsection (h) of the
12 Illinois Constitution. A home rule county to which this
13 Section applies must comply with every provision of this
14 Section.

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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
22 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
23 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
24 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
26 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,

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

3 Section 25. The Illinois Municipal Code is amended by
4 changing Section 10-4-2.3 as follows:

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

6 Sec. 10-4-2.3. Required health benefits. If a
7 municipality, including a home rule municipality, is a
8 self-insurer for purposes of providing health insurance
9 coverage for its employees, the coverage shall include
10 coverage for the post-mastectomy care benefits required to be
11 covered by a policy of accident and health insurance under
12 Section 356t and the coverage required under Sections 356g,
13 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
15 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
16 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
17 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
18 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.62 of the
19 Illinois Insurance Code. The coverage shall comply with
20 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
21 Insurance Code. The Department of Insurance shall enforce the
22 requirements of this Section. The requirement that health
23 benefits be covered as provided in this is an exclusive power
24 and function of the State and is a denial and limitation under

1 Article VII, Section 6, subsection (h) of the Illinois
2 Constitution. A home rule municipality to which this Section
3 applies must comply 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. 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 30. The School Code is amended by changing Section
19 10-22.3f as follows:

20 (105 ILCS 5/10-22.3f)

21 Sec. 10-22.3f. Required health benefits. Insurance
22 protection and benefits for employees shall provide the
23 post-mastectomy care benefits required to be covered by a
24 policy of accident and health insurance under Section 356t and

1 the coverage required under Sections 356g, 356g.5, 356g.5-1,
2 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
3 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 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.56, 356z.57, 356z.59, ~~and~~ 356z.60, and
7 356z.62 of the Illinois Insurance Code. Insurance policies
8 shall comply with Section 356z.19 of the Illinois Insurance
9 Code. The coverage shall comply with Sections 155.22a, 355b,
10 and 370c of the Illinois Insurance Code. The Department of
11 Insurance shall enforce the requirements of this Section.

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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
19 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
20 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
21 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
22 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 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; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

25 Section 35. The Illinois Insurance Code is amended by

1 changing Section 356z.4 and by adding Section 356z.62 as
2 follows:

3 (215 ILCS 5/356z.4)

4 Sec. 356z.4. Coverage for contraceptives.

5 (a) (1) The General Assembly hereby finds and declares all
6 of the following:

7 (A) Illinois has a long history of expanding timely
8 access to birth control to prevent unintended pregnancy.

9 (B) The federal Patient Protection and Affordable Care
10 Act includes a contraceptive coverage guarantee as part of
11 a broader requirement for health insurance to cover key
12 preventive care services without out-of-pocket costs for
13 patients.

14 (C) The General Assembly intends to build on existing
15 State and federal law to promote gender equity and women's
16 health and to ensure greater contraceptive coverage equity
17 and timely access to all federal Food and Drug
18 Administration approved methods of birth control for all
19 individuals covered by an individual or group health
20 insurance policy in Illinois.

21 (D) Medical management techniques such as denials,
22 step therapy, or prior authorization in public and private
23 health care coverage can impede access to the most
24 effective contraceptive methods.

25 (2) As used in this subsection (a):

1 "Contraceptive services" includes consultations,
2 examinations, procedures, and medical services related to the
3 use of contraceptive methods (including natural family
4 planning) to prevent an unintended pregnancy.

5 "Medical necessity", for the purposes of this subsection
6 (a), includes, but is not limited to, considerations such as
7 severity of side effects, differences in permanence and
8 reversibility of contraceptive, and ability to adhere to the
9 appropriate use of the item or service, as determined by the
10 attending provider.

11 "Therapeutic equivalent version" means drugs, devices, or
12 products that can be expected to have the same clinical effect
13 and safety profile when administered to patients under the
14 conditions specified in the labeling and satisfy the following
15 general criteria:

16 (i) they are approved as safe and effective;

17 (ii) they are pharmaceutical equivalents in that they

18 (A) contain identical amounts of the same active drug
19 ingredient in the same dosage form and route of
20 administration and (B) meet compendial or other applicable
21 standards of strength, quality, purity, and identity;

22 (iii) they are bioequivalent in that (A) they do not
23 present a known or potential bioequivalence problem and
24 they meet an acceptable in vitro standard or (B) if they do
25 present such a known or potential problem, they are shown
26 to meet an appropriate bioequivalence standard;

1 (iv) they are adequately labeled; and

2 (v) they are manufactured in compliance with Current
3 Good Manufacturing Practice regulations.

4 (3) An individual or group policy of accident and health
5 insurance amended, delivered, issued, or renewed in this State
6 after the effective date of this amendatory Act of the 99th
7 General Assembly shall provide coverage for all of the
8 following services and contraceptive methods:

9 (A) All contraceptive drugs, devices, and other
10 products approved by the United States Food and Drug
11 Administration. This includes all over-the-counter
12 contraceptive drugs, devices, and products approved by the
13 United States Food and Drug Administration, excluding male
14 condoms, except as provided in the current comprehensive
15 guidelines supported by the Health Resources and Services
16 Administration. The following apply:

17 (i) If the United States Food and Drug
18 Administration has approved one or more therapeutic
19 equivalent versions of a contraceptive drug, device,
20 or product, a policy is not required to include all
21 such therapeutic equivalent versions in its formulary,
22 so long as at least one is included and covered without
23 cost-sharing and in accordance with this Section.

24 (ii) If an individual's attending provider
25 recommends a particular service or item approved by
26 the United States Food and Drug Administration based

1 on a determination of medical necessity with respect
2 to that individual, the plan or issuer must cover that
3 service or item without cost sharing. The plan or
4 issuer must defer to the determination of the
5 attending provider.

6 (iii) If a drug, device, or product is not
7 covered, plans and issuers must have an easily
8 accessible, transparent, and sufficiently expedient
9 process that is not unduly burdensome on the
10 individual or a provider or other individual acting as
11 a patient's authorized representative to ensure
12 coverage without cost sharing.

13 (iv) This coverage must provide for the dispensing
14 of 12 months' worth of contraception at one time.

15 (B) Voluntary sterilization procedures.

16 (C) Contraceptive services, patient education, and
17 counseling on contraception.

18 (D) Follow-up services related to the drugs, devices,
19 products, and procedures covered under this Section,
20 including, but not limited to, management of side effects,
21 counseling for continued adherence, and device insertion
22 and removal.

23 (4) Except as otherwise provided in this subsection (a), a
24 policy subject to this subsection (a) shall not impose a
25 deductible, coinsurance, copayment, or any other cost-sharing
26 requirement on the coverage provided. The provisions of this

1 paragraph do not apply to coverage of voluntary male
2 sterilization procedures to the extent such coverage would
3 disqualify a high-deductible health plan from eligibility for
4 a health savings account pursuant to the federal Internal
5 Revenue Code, 26 U.S.C. 223.

6 (5) Except as otherwise authorized under this subsection
7 (a), a policy shall not impose any restrictions or delays on
8 the coverage required under this subsection (a).

9 (6) If, at any time, the Secretary of the United States
10 Department of Health and Human Services, or its successor
11 agency, promulgates rules or regulations to be published in
12 the Federal Register or publishes a comment in the Federal
13 Register or issues an opinion, guidance, or other action that
14 would require the State, pursuant to any provision of the
15 Patient Protection and Affordable Care Act (Public Law
16 111-148), including, but not limited to, 42 U.S.C.
17 18031(d)(3)(B) or any successor provision, to defray the cost
18 of any coverage outlined in this subsection (a), then this
19 subsection (a) is inoperative with respect to all coverage
20 outlined in this subsection (a) other than that authorized
21 under Section 1902 of the Social Security Act, 42 U.S.C.
22 1396a, and the State shall not assume any obligation for the
23 cost of the coverage set forth in this subsection (a).

24 (b) This subsection (b) shall become operative if and only
25 if subsection (a) becomes inoperative.

26 An individual or group policy of accident and health

1 insurance amended, delivered, issued, or renewed in this State
2 after the date this subsection (b) becomes operative that
3 provides coverage for outpatient services and outpatient
4 prescription drugs or devices must provide coverage for the
5 insured and any dependent of the insured covered by the policy
6 for all outpatient contraceptive services and all outpatient
7 contraceptive drugs and devices approved by the Food and Drug
8 Administration. Coverage required under this Section may not
9 impose any deductible, coinsurance, waiting period, or other
10 cost-sharing or limitation that is greater than that required
11 for any outpatient service or outpatient prescription drug or
12 device otherwise covered by the policy.

13 Nothing in this subsection (b) shall be construed to
14 require an insurance company to cover services related to
15 permanent sterilization that requires a surgical procedure.

16 As used in this subsection (b), "outpatient contraceptive
17 service" means consultations, examinations, procedures, and
18 medical services, provided on an outpatient basis and related
19 to the use of contraceptive methods (including natural family
20 planning) to prevent an unintended pregnancy.

21 (c) (Blank).

22 (d) If a plan or issuer utilizes a network of providers,
23 nothing in this Section shall be construed to require coverage
24 or to prohibit the plan or issuer from imposing cost-sharing
25 for items or services described in this Section that are
26 provided or delivered by an out-of-network provider, unless

1 the plan or issuer does not have in its network a provider who
2 is able to or is willing to provide the applicable items or
3 services.

4 (Source: P.A. 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19.)

5 (215 ILCS 5/356z.62 new)

6 Sec. 356z.62. Coverage of preventive health services.

7 (a) A policy of group health insurance coverage or
8 individual health insurance coverage as defined in Section 5
9 of the Illinois Health Insurance Portability and
10 Accountability Act shall, at a minimum, provide coverage for
11 and shall not impose any cost-sharing requirements, including
12 a copayment, coinsurance, or deductible, for:

13 (1) evidence-based items or services that have in
14 effect a rating of "A" or "B" in the current
15 recommendations of the United States Preventive Services
16 Task Force;

17 (2) immunizations that have in effect a recommendation
18 from the Advisory Committee on Immunization Practices of
19 the Centers for Disease Control and Prevention with
20 respect to the individual involved;

21 (3) with respect to infants, children, and
22 adolescents, evidence-informed preventive care and
23 screenings provided for in the comprehensive guidelines
24 supported by the Health Resources and Services
25 Administration; and

1 (4) with respect to women, such additional preventive
2 care and screenings not described in paragraph (1) of this
3 subsection (a) as provided for in comprehensive guidelines
4 supported by the Health Resources and Services
5 Administration for purposes of this paragraph.

6 (b) For purposes of this Section, and for purposes of any
7 other provision of State law, recommendations of the United
8 States Preventive Services Task Force regarding breast cancer
9 screening, mammography, and prevention issued in or around
10 November 2009 are not considered to be current.

11 (c) For office visits:

12 (1) if an item or service described in subsection (a)
13 is billed separately or is tracked as individual encounter
14 data separately from an office visit, then a policy may
15 impose cost-sharing requirements with respect to the
16 office visit;

17 (2) if an item or service described in subsection (a)
18 is not billed separately or is not tracked as individual
19 encounter data separately from an office visit and the
20 primary purpose of the office visit is the delivery of
21 such an item or service, then a policy may not impose
22 cost-sharing requirements with respect to the office
23 visit; and

24 (3) if an item or service described in subsection (a)
25 is not billed separately or is not tracked as individual
26 encounter data separately from an office visit and the

1 primary purpose of the office visit is not the delivery of
2 such an item or service, then a policy may impose
3 cost-sharing requirements with respect to the office
4 visit.

5 (d) A policy must provide coverage pursuant to subsection
6 (a) for plan or policy years that begin on or after the date
7 that is one year after the date the recommendation or
8 guideline is issued. If a recommendation or guideline is in
9 effect on the first day of the plan or policy year, the policy
10 shall cover the items and services specified in the
11 recommendation or guideline through the last day of the plan
12 or policy year unless either:

13 (1) a recommendation under paragraph (1) of subsection
14 (a) is downgraded to a "D" rating; or

15 (2) the item or service is subject to a safety recall
16 or is otherwise determined to pose a significant safety
17 concern by a federal agency authorized to regulate the
18 item or service during the plan or policy year.

19 (e) Network limitations.

20 (1) Subject to paragraph (3) of this subsection,
21 nothing in this Section requires coverage for items or
22 services described in subsection (a) that are delivered by
23 an out-of-network provider under a health maintenance
24 organization health care plan, other than a
25 point-of-service contract, or under a voluntary health
26 services plan that generally excludes coverage for

1 out-of-network services except as otherwise required by
2 law.

3 (2) Subject to paragraph (3) of this subsection,
4 nothing in this Section precludes a policy with a
5 preferred provider program under Article XX-1/2 of this
6 Code, a health maintenance organization point-of-service
7 contract, or a similarly designed voluntary health
8 services plan from imposing cost-sharing requirements for
9 items or services described in subsection (a) that are
10 delivered by an out-of-network provider.

11 (3) If a policy does not have in its network a provider
12 who can provide an item or service described in subsection
13 (a), then the policy must cover the item or service when
14 performed by an out-of-network provider and it may not
15 impose cost-sharing with respect to the item or service.

16 (f) Nothing in this Section prevents a company from using
17 reasonable medical management techniques to determine the
18 frequency, method, treatment, or setting for an item or
19 service described in subsection (a) to the extent not
20 specified in the recommendation or guideline.

21 (g) Nothing in this Section shall be construed to prohibit
22 a policy from providing coverage for items or services in
23 addition to those required under subsection (a) or from
24 denying coverage for items or services that are not required
25 under subsection (a). Unless prohibited by other law, a policy
26 may impose cost-sharing requirements for a treatment not

1 described in subsection (a) even if the treatment results from
2 an item or service described in subsection (a). Nothing in
3 this Section shall be construed to limit coverage requirements
4 provided under other law.

5 (h) The Director may develop guidelines to permit a
6 company to utilize value-based insurance designs. In the
7 absence of guidelines developed by the Director, any such
8 guidelines developed by the Secretary of the U.S. Department
9 of Health and Human Services that are in force under 42 U.S.C.
10 300gg-13 shall apply.

11 (i) For student health insurance coverage as defined at 45
12 CFR 147.145, student administrative health fees are not
13 considered cost-sharing requirements with respect to
14 preventive services specified under subsection (a). As used in
15 this subsection, "student administrative health fee" means a
16 fee charged by an institution of higher education on a
17 periodic basis to its students to offset the cost of providing
18 health care through health clinics regardless of whether the
19 students utilize the health clinics or enroll in student
20 health insurance coverage.

21 (j) For any recommendation or guideline specifically
22 referring to women or men, a company shall not deny or limit
23 the coverage required or a claim made under subsection (a)
24 based solely on the individual's recorded sex or actual or
25 perceived gender identity, or for the reason that the
26 individual is gender nonconforming, intersex, transgender, or

1 has undergone, or is in the process of undergoing, gender
2 transition, if, notwithstanding the sex or gender assigned at
3 birth, the covered individual meets the conditions for the
4 recommendation or guideline at the time the item or service is
5 furnished.

6 (k) This Section does not apply to grandfathered health
7 plans, excepted benefits, or short-term, limited-duration
8 health insurance coverage.

9 Section 40. 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, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
18 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
19 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
20 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
21 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
22 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
23 356z.50, 356z.51, 356z.53 ~~256z.53~~, 356z.54, 356z.56, 356z.57,
24 356z.59, 356z.60, 356z.62, 364, 364.01, 364.3, 367.2, 367.2-5,

1 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1,
2 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
3 paragraph (c) of subsection (2) of Section 367, and Articles
4 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and
5 XXXIIB of the 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; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
22 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
23 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
24 eff. 1-1-23; 102-1117, eff. 1-13-23; revised 1-22-23.)

25 Section 45. The Voluntary Health Services Plans Act is

1 amended by changing Section 10 as follows:

2 (215 ILCS 165/10) (from Ch. 32, par. 604)

3 Sec. 10. Application of Insurance Code provisions. Health
4 services plan corporations and all persons interested therein
5 or dealing therewith shall be subject to the provisions of
6 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
7 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
8 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
9 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
10 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
11 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
12 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
13 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
14 356z.56, 356z.57, 356z.59, 356z.60, 356z.62, 364.01, 364.3,
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;
3 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
4 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
5 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
6 102-1117, eff. 1-13-23.)

7 Section 50. The Medical Practice Act of 1987 is amended by
8 changing Section 18 as follows:

9 (225 ILCS 60/18) (from Ch. 111, par. 4400-18)

10 (Section scheduled to be repealed on January 1, 2027)

11 Sec. 18. Visiting professor, physician, or resident
12 permits.

13 (A) Visiting professor permit.

14 (1) A visiting professor permit shall entitle a person
15 to practice medicine in all of its branches or to practice
16 the treatment of human ailments without the use of drugs
17 and without operative surgery provided:

18 (a) the person maintains an equivalent
19 authorization to practice medicine in all of its
20 branches or to practice the treatment of human
21 ailments without the use of drugs and without
22 operative surgery in good standing in his or her
23 native licensing jurisdiction during the period of the
24 visiting professor permit;

1 (b) the person has received a faculty appointment
2 to teach in a medical, osteopathic or chiropractic
3 school in Illinois; and

4 (c) the Department may prescribe the information
5 necessary to establish an applicant's eligibility for
6 a permit. This information shall include without
7 limitation (i) a statement from the dean of the
8 medical school at which the applicant will be employed
9 describing the applicant's qualifications and (ii) a
10 statement from the dean of the medical school listing
11 every affiliated institution in which the applicant
12 will be providing instruction as part of the medical
13 school's education program and justifying any clinical
14 activities at each of the institutions listed by the
15 dean.

16 (2) Application for visiting professor permits shall
17 be made to the Department, in writing, on forms prescribed
18 by the Department and shall be accompanied by the required
19 fee established by rule, which shall not be refundable.
20 Any application shall require the information as, in the
21 judgment of the Department, will enable the Department to
22 pass on the qualifications of the applicant.

23 (3) A visiting professor permit shall be valid for no
24 longer than 2 years from the date of issuance or until the
25 time the faculty appointment is terminated, whichever
26 occurs first, and may be renewed only in accordance with

1 subdivision (A) (6) of this Section.

2 (4) The applicant may be required to appear before the
3 Medical Board for an interview prior to, and as a
4 requirement for, the issuance of the original permit and
5 the renewal.

6 (5) Persons holding a permit under this Section shall
7 only practice medicine in all of its branches or practice
8 the treatment of human ailments without the use of drugs
9 and without operative surgery in the State of Illinois in
10 their official capacity under their contract within the
11 medical school itself and any affiliated institution in
12 which the permit holder is providing instruction as part
13 of the medical school's educational program and for which
14 the medical school has assumed direct responsibility.

15 (6) After the initial renewal of a visiting professor
16 permit, a visiting professor permit shall be valid until
17 the last day of the next physician license renewal period,
18 as set by rule, and may only be renewed for applicants who
19 meet the following requirements:

20 (i) have obtained the required continuing
21 education hours as set by rule; and

22 (ii) have paid the fee prescribed for a license
23 under Section 21 of this Act.

24 For initial renewal, the visiting professor must
25 successfully pass a general competency examination authorized
26 by the Department by rule, unless he or she was issued an

1 initial visiting professor permit on or after January 1, 2007,
2 but prior to July 1, 2007.

3 (B) Visiting physician permit.

4 (1) The Department may, in its discretion, issue a
5 temporary visiting physician permit, without examination,
6 provided:

7 (a) (blank);

8 (b) that the person maintains an equivalent
9 authorization to practice medicine in all of its
10 branches or to practice the treatment of human
11 ailments without the use of drugs and without
12 operative surgery in good standing in his or her
13 native licensing jurisdiction during the period of the
14 temporary visiting physician permit;

15 (c) that the person has received an invitation or
16 appointment to study, demonstrate, or perform a
17 specific medical, osteopathic, chiropractic or
18 clinical subject or technique in a medical,
19 osteopathic, or chiropractic school, a state or
20 national medical, osteopathic, or chiropractic
21 professional association or society conference or
22 meeting, a hospital licensed under the Hospital
23 Licensing Act, a hospital organized under the
24 University of Illinois Hospital Act, or a facility
25 operated pursuant to the Ambulatory Surgical Treatment

1 Center Act; and

2 (d) that the temporary visiting physician permit
3 shall only permit the holder to practice medicine in
4 all of its branches or practice the treatment of human
5 ailments without the use of drugs and without
6 operative surgery within the scope of the medical,
7 osteopathic, chiropractic, or clinical studies, or in
8 conjunction with the state or national medical,
9 osteopathic, or chiropractic professional association
10 or society conference or meeting, for which the holder
11 was invited or appointed.

12 (2) The application for the temporary visiting
13 physician permit shall be made to the Department, in
14 writing, on forms prescribed by the Department, and shall
15 be accompanied by the required fee established by rule,
16 which shall not be refundable. The application shall
17 require information that, in the judgment of the
18 Department, will enable the Department to pass on the
19 qualification of the applicant, and the necessity for the
20 granting of a temporary visiting physician permit.

21 (3) A temporary visiting physician permit shall be
22 valid for no longer than (i) 180 days from the date of
23 issuance or (ii) until the time the medical, osteopathic,
24 chiropractic, or clinical studies are completed, or the
25 state or national medical, osteopathic, or chiropractic
26 professional association or society conference or meeting

1 has concluded, whichever occurs first. The temporary
2 visiting physician permit may be issued multiple times to
3 a visiting physician under this paragraph (3) as long as
4 the total number of days it is active do not exceed 180
5 days within a 365-day period.

6 (4) The applicant for a temporary visiting physician
7 permit may be required to appear before the Medical Board
8 for an interview prior to, and as a requirement for, the
9 issuance of a temporary visiting physician permit.

10 (5) A limited temporary visiting physician permit
11 shall be issued to a physician licensed in another state
12 who has been requested to perform emergency procedures in
13 Illinois if he or she meets the requirements as
14 established by rule.

15 (C) Visiting resident permit.

16 (1) The Department may, in its discretion, issue a
17 temporary visiting resident permit, without examination,
18 provided:

19 (a) (blank);

20 (b) that the person maintains an equivalent
21 authorization to practice medicine in all of its
22 branches or to practice the treatment of human
23 ailments without the use of drugs and without
24 operative surgery in good standing in his or her
25 native licensing jurisdiction during the period of the

1 temporary visiting resident permit;

2 (c) that the applicant is enrolled in a
3 postgraduate clinical training program outside the
4 State of Illinois that is approved by the Department;

5 (d) that the individual has been invited or
6 appointed for a specific period of time to perform a
7 portion of that post graduate clinical training
8 program under the supervision of an Illinois licensed
9 physician in an Illinois patient care clinic or
10 facility that is affiliated with the out-of-State post
11 graduate training program; and

12 (e) that the temporary visiting resident permit
13 shall only permit the holder to practice medicine in
14 all of its branches or practice the treatment of human
15 ailments without the use of drugs and without
16 operative surgery within the scope of the medical,
17 osteopathic, chiropractic or clinical studies for
18 which the holder was invited or appointed.

19 (2) The application for the temporary visiting
20 resident permit shall be made to the Department, in
21 writing, on forms prescribed by the Department, and shall
22 be accompanied by the required fee established by rule.
23 The application shall require information that, in the
24 judgment of the Department, will enable the Department to
25 pass on the qualifications of the applicant.

26 (3) A temporary visiting resident permit shall be

1 valid for 180 days from the date of issuance or until the
2 time the medical, osteopathic, chiropractic, or clinical
3 studies are completed, whichever occurs first.

4 (4) The applicant for a temporary visiting resident
5 permit may be required to appear before the Medical Board
6 for an interview prior to, and as a requirement for, the
7 issuance of a temporary visiting resident permit.

8 (D) Postgraduate training exemption period; visiting
9 rotations. A person may participate in visiting rotations in
10 an approved postgraduate training program, not to exceed a
11 total of 90 days for all rotations, if the following
12 information is submitted in writing or electronically to the
13 Department by the patient care clinics or facilities where the
14 person will be performing the training or by an affiliated
15 program:

16 (1) The person who has been invited or appointed to
17 perform a portion of their postgraduate clinical training
18 program in Illinois.

19 (2) The name and address of the primary patient care
20 clinic or facility, the date the training is to begin, and
21 the length of time of the invitation or appointment.

22 (3) The name and license number of the Illinois
23 physician who will be responsible for supervising the
24 trainee and the medical director or division director of
25 the department or facility.

1 (4) Certification from the postgraduate training
2 program that the person is approved and enrolled in an
3 graduate training program approved by the Department in
4 their home state.

5 (Source: P.A. 102-20, eff. 1-1-22.)

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

13 Section 99. Effective date. This Act takes effect upon
14 becoming law.".