



## 103RD GENERAL ASSEMBLY

### State of Illinois

### 2023 and 2024

### SB3972

Introduced 10/11/2024, by Sen. Willie Preston

#### 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.80 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	
30 ILCS 805/8.48 new	

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, 2026 that provides coverage for: habilitative services shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental; rehabilitative services shall provide coverage for rehabilitative speech therapy as a treatment for stuttering; or habilitative services and rehabilitative services shall provide coverage for habilitative speech therapy as a treatment for stuttering, regardless of whether the stuttering is classified as developmental, and shall provide coverage for rehabilitative speech therapy as a treatment for stuttering. Sets forth requirements and limitations for the coverage. Amends 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 Illinois Public Aid Code to require coverage under those provisions. Amends the State Mandates Act to require implementation without reimbursement. Effective January 1, 2026.

LRB103 42708 RPS 75944 b

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 Sec. 6.11. Required health benefits; Illinois Insurance  
8 Code requirements. The program of health benefits shall  
9 provide the post-mastectomy care benefits required to be  
10 covered by a policy of accident and health insurance under  
11 Section 356t of the Illinois Insurance Code. The program of  
12 health benefits shall provide the coverage required under  
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,  
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
18 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60,  
19 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,  
20 and 356z.80 of the Illinois Insurance Code. The program of  
21 health benefits must comply with Sections 155.22a, 155.37,  
22 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the  
23 Illinois Insurance Code. The program of health benefits shall

1 provide the coverage required under Section 356m of the  
2 Illinois Insurance Code and, for the employees of the State  
3 Employee Group Insurance Program only, the coverage as also  
4 provided in Section 6.11B of this Act. The Department of  
5 Insurance shall enforce the requirements of this Section with  
6 respect to Sections 370c and 370c.1 of the Illinois Insurance  
7 Code; all other requirements of this Section shall be enforced  
8 by the Department of Central Management Services.

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

15 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
16 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
17 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,  
18 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
19 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
20 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,  
21 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;  
22 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.  
23 8-11-23; revised 8-29-23.)

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

1 (55 ILCS 5/5-1069.3)

2 Sec. 5-1069.3. Required health benefits. If a county,  
3 including a home rule county, is a self-insurer for purposes  
4 of providing health insurance coverage for its employees, the  
5 coverage shall include coverage for 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, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,  
9 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
10 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
11 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,  
12 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,  
13 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~  
14 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and 356z.80 of  
15 the Illinois Insurance Code. The coverage shall comply with  
16 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
17 Insurance Code. The Department of Insurance shall enforce the  
18 requirements of this Section. The requirement that health  
19 benefits be covered as provided in this Section is an  
20 exclusive power and function of the State and is a denial and  
21 limitation under Article VII, Section 6, subsection (h) of the  
22 Illinois Constitution. A home rule county to which this  
23 Section applies must comply with every provision of this  
24 Section.

25 Rulemaking authority to implement Public Act 95-1045, if

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

6 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
8 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
9 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
10 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
11 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
12 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
13 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
14 8-29-23.)

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

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a  
19 municipality, including a home rule municipality, is a  
20 self-insurer for purposes of providing health insurance  
21 coverage for its employees, the coverage shall include  
22 coverage for the post-mastectomy care benefits required to be  
23 covered by a policy of accident and health insurance under  
24 Section 356t and the coverage required under Sections 356g,

1 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,  
2 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
3 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
4 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
5 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
6 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62,  
7 356z.64, 356z.67, 356z.68, 356z.70, and 356z.80 of the  
8 Illinois Insurance Code. The coverage shall comply with  
9 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
10 Insurance Code. The Department of Insurance shall enforce the  
11 requirements of this Section. The requirement that health  
12 benefits be covered as provided in this is an exclusive power  
13 and function of the State and is a denial and limitation under  
14 Article VII, Section 6, subsection (h) of the Illinois  
15 Constitution. A home rule municipality to which this Section  
16 applies must comply with every provision of this Section.

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

23 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
25 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
26 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;

1 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
2 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
3 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
4 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
5 8-29-23.)

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

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance  
10 protection and benefits for employees shall provide the  
11 post-mastectomy care benefits required to be covered by a  
12 policy of accident and health insurance under Section 356t and  
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
14 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,  
15 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
18 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~  
19 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and  
20 356z.80 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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
9 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,  
10 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
11 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
12 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
13 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
14 103-551, eff. 8-11-23; revised 8-29-23.)

15 Section 25. The Illinois Insurance Code is amended by  
16 adding Section 356z.80 as follows:

17 (215 ILCS 5/356z.80 new)

18 Sec. 356z.80. Coverage of treatment for stuttering.

19 (a) As used in this Section:

20 "Habilitative services" means health care services that  
21 help a person keep, learn, or improve skills and functioning  
22 for daily living.

23 "Habilitative speech therapy" means speech therapy that  
24 helps a person keep, learn, or improve skills and functioning



1 for daily living.

2 "Rehabilitative services" means health care services that  
3 help a person restore or improve skills and functioning for  
4 daily living that have been lost or impaired.

5 "Rehabilitative speech therapy" means speech therapy that  
6 helps a person restore or improve skills and functioning for  
7 daily living that have been lost or impaired.

8 (b) Except as provided in subsection (d) of this Section,  
9 a group or individual policy of accident and health insurance  
10 or a managed care plan that is amended, delivered, issued, or  
11 renewed on or after January 1, 2026 that provides coverage  
12 for:

13 (1) habilitative services shall provide coverage for  
14 habilitative speech therapy as a treatment for stuttering,  
15 regardless of whether the stuttering is classified as  
16 developmental;

17 (2) rehabilitative services shall provide coverage for  
18 rehabilitative speech therapy as a treatment for  
19 stuttering; or

20 (3) both habilitative services and rehabilitative  
21 services shall provide the coverage required under  
22 paragraphs (1) and (2) of this subsection.

23 (c) The coverage required under subsection (b) of this  
24 Section shall:

25 (1) not be:

26 (A) subject to any maximum annual benefit limit,

1 including any limits on the number of visits an  
2 insured may make to a speech-language pathologist;

3 (B) limited based on the type of disease, injury,  
4 disorder, or other medical condition that resulted in  
5 the stuttering; or

6 (C) subject to utilization review or utilization  
7 management requirements, including prior  
8 authorization;

9 (2) be considered medically necessary if the patient's  
10 treating provider determines, in his or her clinical  
11 judgment, that such speech therapy services for stuttering  
12 are medically appropriate to help the patient keep, learn,  
13 improve, or restore skills or functioning for daily  
14 living; and

15 (3) include coverage for speech therapy provided in  
16 person and via telehealth, which shall:

17 (A) not be less than the coverage required for  
18 health benefit plans under Section 356z.22; and

19 (B) include the use of any communication  
20 technology, application, or platform to deliver  
21 telehealth services, except coverage may be restricted  
22 to technology, applications, or platforms that are  
23 compliant with any applicable privacy provisions of  
24 the federal Health Insurance Portability and  
25 Accountability Act of 1996, 42 U.S.C. 1320d et seq.,  
26 as amended.

1       (d) If, at any time, the Secretary of the United States  
2       Department of Health and Human Services, or its successor  
3       agency, promulgates rules or regulations to be published in  
4       the Federal Register or publishes a comment in the Federal  
5       Register or issues an opinion, guidance, or other action that  
6       would require the State, pursuant to any provision of the  
7       Patient Protection and Affordable Care Act (Public Law  
8       111-148), including, but not limited to, 42 U.S.C.  
9       18031(d)(3)(B) or any successor provision, to defray the cost  
10       of any coverage outlined in this Section, then this Section is  
11       inoperative with respect to all coverage outlined in this  
12       Section other than that authorized under Section 1902 of the  
13       Social Security Act, 42 U.S.C. 1396a, and the State shall not  
14       assume any obligation for the cost of the coverage set forth in  
15       this Section.

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

18             (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

19             Sec. 5-3. Insurance Code provisions.

20             (a) Health Maintenance Organizations shall be subject to  
21       the provisions of Sections 133, 134, 136, 137, 139, 140,  
22       141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,  
23       154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,  
24       355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356v,

1 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,  
2 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
3 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,  
4 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30,  
5 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34, 356z.35,  
6 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,  
7 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,  
8 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,  
9 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,  
10 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
11 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
12 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
13 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
14 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
15 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. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
26 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.



1 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
2 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
3 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
4 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
5 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
6 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
7 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
8 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

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, 155.49, 355.2,  
17 355.3, 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21,  
18 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,  
19 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
20 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.80,  
21 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,  
22 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
23 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.  
24 Nothing in this Section shall require a limited health care

1 plan to cover any service that is not a limited health service.  
2 For purposes of the Illinois Insurance Code, except for  
3 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited  
4 health service organizations in the following categories are  
5 deemed to be domestic companies:

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

7 (2) a corporation organized under the laws of another  
8 state, 30% or more of the enrollees of which are residents  
9 of this State, except a corporation subject to  
10 substantially the same requirements in its state of  
11 organization as is a domestic company under Article VIII  
12 1/2 of the Illinois Insurance Code.

13 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
14 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
15 1-1-23; 102-775, eff. 5-13-22; 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; 103-84, eff. 1-1-24; 103-91, eff.  
18 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
19 eff. 1-1-24; revised 8-29-23.)

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

22 (215 ILCS 165/10) (from Ch. 32, par. 604)

23 Sec. 10. Application of Insurance Code provisions. Health  
24 services plan corporations and all persons interested therein

1 or dealing therewith shall be subject to the provisions of  
2 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
3 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
4 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,  
5 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,  
6 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
7 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,  
8 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,  
9 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
10 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,  
11 356z.67, 356z.68, 356z.80, 364.01, 364.3, 367.2, 368a, 401,  
12 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
13 and (15) of Section 367 of the Illinois Insurance Code.

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

20 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
21 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
22 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
23 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
24 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.  
25 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
26 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;

1 103-551, eff. 8-11-23; revised 8-29-23.)

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

4 (305 ILCS 5/5-16.8)

5 Sec. 5-16.8. Required health benefits. The medical  
6 assistance program shall (i) provide the post-mastectomy care  
7 benefits required to be covered by a policy of accident and  
8 health insurance under Section 356t and the coverage required  
9 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,  
10 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
11 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, 356z.60, ~~and~~  
12 356z.61, 356z.64, 356z.67, and 356z.80 of the Illinois  
13 Insurance Code, (ii) be subject to the provisions of Sections  
14 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the  
15 Illinois Insurance Code, and (iii) be subject to the  
16 provisions of subsection (d-5) of Section 10 of the Network  
17 Adequacy and Transparency Act.

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

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

1 with Section 5-5e.

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

7 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;  
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.  
9 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,  
10 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;  
11 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
12 1-1-24; 103-420, eff. 1-1-24; revised 12-15-23.)

13 Section 90. The State Mandates Act is amended by adding  
14 Section 8.48 as follows:

15 (30 ILCS 805/8.48 new)

16 Sec. 8.48. Exempt mandate. Notwithstanding Sections 6 and  
17 8 of this Act, no reimbursement by the State is required for  
18 the implementation of any mandate created by this amendatory  
19 Act of the 103rd General Assembly.

20 Section 99. Effective date. This Act takes effect January  
21 1, 2026.