

1 AN ACT concerning health, which may be referred to as the  
2 Reducing Breast Cancer Disparities Act.

3 **Be it enacted by the People of the State of Illinois,**  
4 **represented in the General Assembly:**

5 Article 1. Legislative Intent

6 Section 1-1. Legislative intent. The General Assembly  
7 finds that the mortality associated with breast cancer for  
8 minority women in Illinois is significantly higher compared to  
9 non-minority women. This disparity has grown over the last 2  
10 decades and is unacceptable. A recent New England Journal of  
11 Medicine article found that even modest cost-sharing deters  
12 women from getting a mammogram. The reduction was most  
13 pronounced for those with lower income and less education. Many  
14 other studies have found that women with lower family income  
15 and those relying on public programs for healthcare access  
16 mammography at a lower rate. It is, therefore, the intent of  
17 this legislation to decrease health disparities as they relate  
18 to breast cancer and to improve access for all women to quality  
19 breast cancer screening and treatment where necessary.

20 Article 5. Improving State Healthcare Programs

21 With Respect To

22 Mammography And Breast Cancer Treatment

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

3           (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

4           Sec. 5-5. Medical services. The Illinois Department, by  
5 rule, shall determine the quantity and quality of and the rate  
6 of reimbursement for the medical assistance for which payment  
7 will be authorized, and the medical services to be provided,  
8 which may include all or part of the following: (1) inpatient  
9 hospital services; (2) outpatient hospital services; (3) other  
10 laboratory and X-ray services; (4) skilled nursing home  
11 services; (5) physicians' services whether furnished in the  
12 office, the patient's home, a hospital, a skilled nursing home,  
13 or elsewhere; (6) medical care, or any other type of remedial  
14 care furnished by licensed practitioners; (7) home health care  
15 services; (8) private duty nursing service; (9) clinic  
16 services; (10) dental services, including prevention and  
17 treatment of periodontal disease and dental caries disease for  
18 pregnant women; (11) physical therapy and related services;  
19 (12) prescribed drugs, dentures, and prosthetic devices; and  
20 eyeglasses prescribed by a physician skilled in the diseases of  
21 the eye, or by an optometrist, whichever the person may select;  
22 (13) other diagnostic, screening, preventive, and  
23 rehabilitative services; (14) transportation and such other  
24 expenses as may be necessary; (15) medical treatment of sexual

1 assault survivors, as defined in Section 1a of the Sexual  
2 Assault Survivors Emergency Treatment Act, for injuries  
3 sustained as a result of the sexual assault, including  
4 examinations and laboratory tests to discover evidence which  
5 may be used in criminal proceedings arising from the sexual  
6 assault; (16) the diagnosis and treatment of sickle cell  
7 anemia; and (17) any other medical care, and any other type of  
8 remedial care recognized under the laws of this State, but not  
9 including abortions, or induced miscarriages or premature  
10 births, unless, in the opinion of a physician, such procedures  
11 are necessary for the preservation of the life of the woman  
12 seeking such treatment, or except an induced premature birth  
13 intended to produce a live viable child and such procedure is  
14 necessary for the health of the mother or her unborn child. The  
15 Illinois Department, by rule, shall prohibit any physician from  
16 providing medical assistance to anyone eligible therefor under  
17 this Code where such physician has been found guilty of  
18 performing an abortion procedure in a wilful and wanton manner  
19 upon a woman who was not pregnant at the time such abortion  
20 procedure was performed. The term "any other type of remedial  
21 care" shall include nursing care and nursing home service for  
22 persons who rely on treatment by spiritual means alone through  
23 prayer for healing.

24 Notwithstanding any other provision of this Section, a  
25 comprehensive tobacco use cessation program that includes  
26 purchasing prescription drugs or prescription medical devices

1 approved by the Food and Drug administration shall be covered  
2 under the medical assistance program under this Article for  
3 persons who are otherwise eligible for assistance under this  
4 Article.

5 Notwithstanding any other provision of this Code, the  
6 Illinois Department may not require, as a condition of payment  
7 for any laboratory test authorized under this Article, that a  
8 physician's handwritten signature appear on the laboratory  
9 test order form. The Illinois Department may, however, impose  
10 other appropriate requirements regarding laboratory test order  
11 documentation.

12 The Department of Healthcare and Family Services shall  
13 provide the following services to persons eligible for  
14 assistance under this Article who are participating in  
15 education, training or employment programs operated by the  
16 Department of Human Services as successor to the Department of  
17 Public Aid:

18 (1) dental services, which shall include but not be  
19 limited to prosthodontics; and

20 (2) eyeglasses prescribed by a physician skilled in the  
21 diseases of the eye, or by an optometrist, whichever the  
22 person may select.

23 The Illinois Department, by rule, may distinguish and  
24 classify the medical services to be provided only in accordance  
25 with the classes of persons designated in Section 5-2.

26 The Department of Healthcare and Family Services must

1 provide coverage and reimbursement for amino acid-based  
2 elemental formulas, regardless of delivery method, for the  
3 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
4 short bowel syndrome when the prescribing physician has issued  
5 a written order stating that the amino acid-based elemental  
6 formula is medically necessary.

7 The Illinois Department shall authorize the provision of,  
8 and shall authorize payment for, screening by low-dose  
9 mammography for the presence of occult breast cancer for women  
10 35 years of age or older who are eligible for medical  
11 assistance under this Article, as follows:

12 (A) A ~~a~~ baseline mammogram for women 35 to 39 years of  
13 age. ~~and an~~

14 (B) An annual mammogram for women 40 years of age or  
15 older.

16 (C) A mammogram at the age and intervals considered  
17 medically necessary by the woman's health care provider for  
18 women under 40 years of age and having a family history of  
19 breast cancer, prior personal history of breast cancer,  
20 positive genetic testing, or other risk factors.

21 (D) A comprehensive ultrasound screening of an entire  
22 breast or breasts if a mammogram demonstrates  
23 heterogeneous or dense breast tissue, when medically  
24 necessary as determined by a physician licensed to practice  
25 medicine in all of its branches.

26 All screenings shall include a physical breast exam,

1 instruction on self-examination and information regarding the  
2 frequency of self-examination and its value as a preventative  
3 tool. For purposes of ~~As used in~~ this Section, "low-dose  
4 mammography" means the x-ray examination of the breast using  
5 equipment dedicated specifically for mammography, including  
6 the x-ray tube, filter, compression device, and image receptor,  
7 ~~and cassettes,~~ with an average radiation exposure delivery of  
8 less than one rad per breast for ~~mid breast, with~~ 2 views of an  
9 average size ~~for each~~ breast. The term also includes digital  
10 mammography.

11 On and after July 1, 2008, screening and diagnostic  
12 mammography shall be reimbursed at the same rate as the  
13 Medicare program's rates, including the increased  
14 reimbursement for digital mammography.

15 The Department shall convene an expert panel including  
16 representatives of hospitals, free-standing mammography  
17 facilities, and doctors, including radiologists, to establish  
18 quality standards. Based on these quality standards, the  
19 Department shall provide for bonus payments to mammography  
20 facilities meeting the standards for screening and diagnosis.  
21 The bonus payments shall be at least 15% higher than the  
22 Medicare rates for mammography.

23 Subject to federal approval, the Department shall  
24 establish a rate methodology for mammography at federally  
25 qualified health centers and other encounter-rate clinics.  
26 These clinics or centers may also collaborate with other

1 hospital-based mammography facilities.

2 The Department shall establish a methodology to remind  
3 women who are age-appropriate for screening mammography, but  
4 who have not received a mammogram within the previous 18  
5 months, of the importance and benefit of screening mammography.

6 The Department shall establish a performance goal for  
7 primary care providers with respect to their female patients  
8 over age 40 receiving an annual mammogram. This performance  
9 goal shall be used to provide additional reimbursement in the  
10 form of a quality performance bonus to primary care providers  
11 who meet that goal.

12 The Department shall devise a means of case-managing or  
13 patient navigation for beneficiaries diagnosed with breast  
14 cancer. This program shall initially operate as a pilot program  
15 in areas of the State with the highest incidence of mortality  
16 related to breast cancer. At least one pilot program site shall  
17 be in the metropolitan Chicago area and at least one site shall  
18 be outside the metropolitan Chicago area. An evaluation of the  
19 pilot program shall be carried out measuring health outcomes  
20 and cost of care for those served by the pilot program compared  
21 to similarly situated patients who are not served by the pilot  
22 program.

23 Any medical or health care provider shall immediately  
24 recommend, to any pregnant woman who is being provided prenatal  
25 services and is suspected of drug abuse or is addicted as  
26 defined in the Alcoholism and Other Drug Abuse and Dependency

1 Act, referral to a local substance abuse treatment provider  
2 licensed by the Department of Human Services or to a licensed  
3 hospital which provides substance abuse treatment services.  
4 The Department of Healthcare and Family Services shall assure  
5 coverage for the cost of treatment of the drug abuse or  
6 addiction for pregnant recipients in accordance with the  
7 Illinois Medicaid Program in conjunction with the Department of  
8 Human Services.

9 All medical providers providing medical assistance to  
10 pregnant women under this Code shall receive information from  
11 the Department on the availability of services under the Drug  
12 Free Families with a Future or any comparable program providing  
13 case management services for addicted women, including  
14 information on appropriate referrals for other social services  
15 that may be needed by addicted women in addition to treatment  
16 for addiction.

17 The Illinois Department, in cooperation with the  
18 Departments of Human Services (as successor to the Department  
19 of Alcoholism and Substance Abuse) and Public Health, through a  
20 public awareness campaign, may provide information concerning  
21 treatment for alcoholism and drug abuse and addiction, prenatal  
22 health care, and other pertinent programs directed at reducing  
23 the number of drug-affected infants born to recipients of  
24 medical assistance.

25 Neither the Department of Healthcare and Family Services  
26 nor the Department of Human Services shall sanction the

1 recipient solely on the basis of her substance abuse.

2 The Illinois Department shall establish such regulations  
3 governing the dispensing of health services under this Article  
4 as it shall deem appropriate. The Department should seek the  
5 advice of formal professional advisory committees appointed by  
6 the Director of the Illinois Department for the purpose of  
7 providing regular advice on policy and administrative matters,  
8 information dissemination and educational activities for  
9 medical and health care providers, and consistency in  
10 procedures to the Illinois Department.

11 The Illinois Department may develop and contract with  
12 Partnerships of medical providers to arrange medical services  
13 for persons eligible under Section 5-2 of this Code.  
14 Implementation of this Section may be by demonstration projects  
15 in certain geographic areas. The Partnership shall be  
16 represented by a sponsor organization. The Department, by rule,  
17 shall develop qualifications for sponsors of Partnerships.  
18 Nothing in this Section shall be construed to require that the  
19 sponsor organization be a medical organization.

20 The sponsor must negotiate formal written contracts with  
21 medical providers for physician services, inpatient and  
22 outpatient hospital care, home health services, treatment for  
23 alcoholism and substance abuse, and other services determined  
24 necessary by the Illinois Department by rule for delivery by  
25 Partnerships. Physician services must include prenatal and  
26 obstetrical care. The Illinois Department shall reimburse

1 medical services delivered by Partnership providers to clients  
2 in target areas according to provisions of this Article and the  
3 Illinois Health Finance Reform Act, except that:

4 (1) Physicians participating in a Partnership and  
5 providing certain services, which shall be determined by  
6 the Illinois Department, to persons in areas covered by the  
7 Partnership may receive an additional surcharge for such  
8 services.

9 (2) The Department may elect to consider and negotiate  
10 financial incentives to encourage the development of  
11 Partnerships and the efficient delivery of medical care.

12 (3) Persons receiving medical services through  
13 Partnerships may receive medical and case management  
14 services above the level usually offered through the  
15 medical assistance program.

16 Medical providers shall be required to meet certain  
17 qualifications to participate in Partnerships to ensure the  
18 delivery of high quality medical services. These  
19 qualifications shall be determined by rule of the Illinois  
20 Department and may be higher than qualifications for  
21 participation in the medical assistance program. Partnership  
22 sponsors may prescribe reasonable additional qualifications  
23 for participation by medical providers, only with the prior  
24 written approval of the Illinois Department.

25 Nothing in this Section shall limit the free choice of  
26 practitioners, hospitals, and other providers of medical

1 services by clients. In order to ensure patient freedom of  
2 choice, the Illinois Department shall immediately promulgate  
3 all rules and take all other necessary actions so that provided  
4 services may be accessed from therapeutically certified  
5 optometrists to the full extent of the Illinois Optometric  
6 Practice Act of 1987 without discriminating between service  
7 providers.

8 The Department shall apply for a waiver from the United  
9 States Health Care Financing Administration to allow for the  
10 implementation of Partnerships under this Section.

11 The Illinois Department shall require health care  
12 providers to maintain records that document the medical care  
13 and services provided to recipients of Medical Assistance under  
14 this Article. The Illinois Department shall require health care  
15 providers to make available, when authorized by the patient, in  
16 writing, the medical records in a timely fashion to other  
17 health care providers who are treating or serving persons  
18 eligible for Medical Assistance under this Article. All  
19 dispensers of medical services shall be required to maintain  
20 and retain business and professional records sufficient to  
21 fully and accurately document the nature, scope, details and  
22 receipt of the health care provided to persons eligible for  
23 medical assistance under this Code, in accordance with  
24 regulations promulgated by the Illinois Department. The rules  
25 and regulations shall require that proof of the receipt of  
26 prescription drugs, dentures, prosthetic devices and

1 eyeglasses by eligible persons under this Section accompany  
2 each claim for reimbursement submitted by the dispenser of such  
3 medical services. No such claims for reimbursement shall be  
4 approved for payment by the Illinois Department without such  
5 proof of receipt, unless the Illinois Department shall have put  
6 into effect and shall be operating a system of post-payment  
7 audit and review which shall, on a sampling basis, be deemed  
8 adequate by the Illinois Department to assure that such drugs,  
9 dentures, prosthetic devices and eyeglasses for which payment  
10 is being made are actually being received by eligible  
11 recipients. Within 90 days after the effective date of this  
12 amendatory Act of 1984, the Illinois Department shall establish  
13 a current list of acquisition costs for all prosthetic devices  
14 and any other items recognized as medical equipment and  
15 supplies reimbursable under this Article and shall update such  
16 list on a quarterly basis, except that the acquisition costs of  
17 all prescription drugs shall be updated no less frequently than  
18 every 30 days as required by Section 5-5.12.

19 The rules and regulations of the Illinois Department shall  
20 require that a written statement including the required opinion  
21 of a physician shall accompany any claim for reimbursement for  
22 abortions, or induced miscarriages or premature births. This  
23 statement shall indicate what procedures were used in providing  
24 such medical services.

25 The Illinois Department shall require all dispensers of  
26 medical services, other than an individual practitioner or

1 group of practitioners, desiring to participate in the Medical  
2 Assistance program established under this Article to disclose  
3 all financial, beneficial, ownership, equity, surety or other  
4 interests in any and all firms, corporations, partnerships,  
5 associations, business enterprises, joint ventures, agencies,  
6 institutions or other legal entities providing any form of  
7 health care services in this State under this Article.

8 The Illinois Department may require that all dispensers of  
9 medical services desiring to participate in the medical  
10 assistance program established under this Article disclose,  
11 under such terms and conditions as the Illinois Department may  
12 by rule establish, all inquiries from clients and attorneys  
13 regarding medical bills paid by the Illinois Department, which  
14 inquiries could indicate potential existence of claims or liens  
15 for the Illinois Department.

16 Enrollment of a vendor that provides non-emergency medical  
17 transportation, defined by the Department by rule, shall be  
18 conditional for 180 days. During that time, the Department of  
19 Healthcare and Family Services may terminate the vendor's  
20 eligibility to participate in the medical assistance program  
21 without cause. That termination of eligibility is not subject  
22 to the Department's hearing process.

23 The Illinois Department shall establish policies,  
24 procedures, standards and criteria by rule for the acquisition,  
25 repair and replacement of orthotic and prosthetic devices and  
26 durable medical equipment. Such rules shall provide, but not be

1 limited to, the following services: (1) immediate repair or  
2 replacement of such devices by recipients without medical  
3 authorization; and (2) rental, lease, purchase or  
4 lease-purchase of durable medical equipment in a  
5 cost-effective manner, taking into consideration the  
6 recipient's medical prognosis, the extent of the recipient's  
7 needs, and the requirements and costs for maintaining such  
8 equipment. Such rules shall enable a recipient to temporarily  
9 acquire and use alternative or substitute devices or equipment  
10 pending repairs or replacements of any device or equipment  
11 previously authorized for such recipient by the Department.

12 The Department shall execute, relative to the nursing home  
13 prescreening project, written inter-agency agreements with the  
14 Department of Human Services and the Department on Aging, to  
15 effect the following: (i) intake procedures and common  
16 eligibility criteria for those persons who are receiving  
17 non-institutional services; and (ii) the establishment and  
18 development of non-institutional services in areas of the State  
19 where they are not currently available or are undeveloped.

20 The Illinois Department shall develop and operate, in  
21 cooperation with other State Departments and agencies and in  
22 compliance with applicable federal laws and regulations,  
23 appropriate and effective systems of health care evaluation and  
24 programs for monitoring of utilization of health care services  
25 and facilities, as it affects persons eligible for medical  
26 assistance under this Code.

1           The Illinois Department shall report annually to the  
2 General Assembly, no later than the second Friday in April of  
3 1979 and each year thereafter, in regard to:

4           (a) actual statistics and trends in utilization of  
5 medical services by public aid recipients;

6           (b) actual statistics and trends in the provision of  
7 the various medical services by medical vendors;

8           (c) current rate structures and proposed changes in  
9 those rate structures for the various medical vendors; and

10           (d) efforts at utilization review and control by the  
11 Illinois Department.

12           The period covered by each report shall be the 3 years  
13 ending on the June 30 prior to the report. The report shall  
14 include suggested legislation for consideration by the General  
15 Assembly. The filing of one copy of the report with the  
16 Speaker, one copy with the Minority Leader and one copy with  
17 the Clerk of the House of Representatives, one copy with the  
18 President, one copy with the Minority Leader and one copy with  
19 the Secretary of the Senate, one copy with the Legislative  
20 Research Unit, and such additional copies with the State  
21 Government Report Distribution Center for the General Assembly  
22 as is required under paragraph (t) of Section 7 of the State  
23 Library Act shall be deemed sufficient to comply with this  
24 Section.

25           Notwithstanding any other rulemaking authority that may  
26 exist, neither the Governor nor any agency or agency head under

1 the jurisdiction of the Governor has any authority to make or  
2 promulgate rules to implement or enforce the provisions of this  
3 amendatory Act of the 95th General Assembly. If, however, the  
4 Governor believes that rules are necessary to implement or  
5 enforce the provisions of this amendatory Act of the 95th  
6 General Assembly, the Governor may suggest rules to the General  
7 Assembly by filing them with the Clerk of the House and the  
8 Secretary of the Senate and by requesting that the General  
9 Assembly authorize such rulemaking by law, enact those  
10 suggested rules into law, or take any other appropriate action  
11 in the General Assembly's discretion. Nothing contained in this  
12 amendatory Act of the 95th General Assembly shall be  
13 interpreted to grant rulemaking authority under any other  
14 Illinois statute where such authority is not otherwise  
15 explicitly given. For the purposes of this amendatory Act of  
16 the 95th General Assembly, "rules" is given the meaning  
17 contained in Section 1-70 of the Illinois Administrative  
18 Procedure Act, and "agency" and "agency head" are given the  
19 meanings contained in Sections 1-20 and 1-25 of the Illinois  
20 Administrative Procedure Act to the extent that such  
21 definitions apply to agencies or agency heads under the  
22 jurisdiction of the Governor.

23 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)

24 Article 10. Breast Cancer Patients'

25 Access To Pain Relief

1 Section 10-5. The Illinois Insurance Code is amended by  
2 adding Section 356g.5-1 as follows:

3 (215 ILCS 5/356g.5-1 new)

4 Sec. 356g.5-1. Breast cancer pain medication and therapy. A  
5 group or individual policy of accident and health insurance or  
6 managed care plan that is amended, delivered, issued, or  
7 renewed after the effective date of this amendatory Act of the  
8 95th General Assembly must provide coverage for all medically  
9 necessary pain medication and pain therapy related to the  
10 treatment of breast cancer on the same terms and conditions  
11 that are generally applicable to coverage for other conditions.  
12 For purposes of this Section, "pain therapy" means pain therapy  
13 that is medically based and includes reasonably defined goals,  
14 including, but not limited to, stabilizing or reducing pain,  
15 with periodic evaluations of the efficacy of the pain therapy  
16 against these goals. The provisions of this Section do not  
17 apply to short-term travel, accident-only, limited, or  
18 specified-disease policies, or to policies or contracts  
19 designed for issuance to persons eligible for coverage under  
20 Title XVIII of the Social Security Act, known as Medicare, or  
21 any other similar coverage under State or federal governmental  
22 plans.

23 Notwithstanding any other rulemaking authority that may  
24 exist, neither the Governor nor any agency or agency head under

1 the jurisdiction of the Governor has any authority to make or  
2 promulgate rules to implement or enforce the provisions of this  
3 amendatory Act of the 95th General Assembly. If, however, the  
4 Governor believes that rules are necessary to implement or  
5 enforce the provisions of this amendatory Act of the 95th  
6 General Assembly, the Governor may suggest rules to the General  
7 Assembly by filing them with the Clerk of the House and the  
8 Secretary of the Senate and by requesting that the General  
9 Assembly authorize such rulemaking by law, enact those  
10 suggested rules into law, or take any other appropriate action  
11 in the General Assembly's discretion. Nothing contained in this  
12 amendatory Act of the 95th General Assembly shall be  
13 interpreted to grant rulemaking authority under any other  
14 Illinois statute where such authority is not otherwise  
15 explicitly given. For the purposes of this amendatory Act of  
16 the 95th General Assembly, "rules" is given the meaning  
17 contained in Section 1-70 of the Illinois Administrative  
18 Procedure Act, and "agency" and "agency head" are given the  
19 meanings contained in Sections 1-20 and 1-25 of the Illinois  
20 Administrative Procedure Act to the extent that such  
21 definitions apply to agencies or agency heads under the  
22 jurisdiction of the Governor.

23 Section 10-10. The State Employees Group Insurance Act of  
24 1971 is amended by changing Section 6.11 as follows:

1 (5 ILCS 375/6.11)

2 Sec. 6.11. Required health benefits; Illinois Insurance  
3 Code requirements. The program of health benefits shall provide  
4 the post-mastectomy care benefits required to be covered by a  
5 policy of accident and health insurance under Section 356t of  
6 the Illinois Insurance Code. The program of health benefits  
7 shall provide the coverage required under Sections 356g.5,  
8 356g.5-1, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, ~~and~~ 356z.9,  
9 and 356z.10 ~~356z.9~~ of the Illinois Insurance Code. The program  
10 of health benefits must comply with Section 155.37 of the  
11 Illinois Insurance Code.

12 Notwithstanding any other rulemaking authority that may  
13 exist, neither the Governor nor any agency or agency head under  
14 the jurisdiction of the Governor has any authority to make or  
15 promulgate rules to implement or enforce the provisions of this  
16 amendatory Act of the 95th General Assembly. If, however, the  
17 Governor believes that rules are necessary to implement or  
18 enforce the provisions of this amendatory Act of the 95th  
19 General Assembly, the Governor may suggest rules to the General  
20 Assembly by filing them with the Clerk of the House and the  
21 Secretary of the Senate and by requesting that the General  
22 Assembly authorize such rulemaking by law, enact those  
23 suggested rules into law, or take any other appropriate action  
24 in the General Assembly's discretion. Nothing contained in this  
25 amendatory Act of the 95th General Assembly shall be  
26 interpreted to grant rulemaking authority under any other

1 Illinois statute where such authority is not otherwise  
2 explicitly given. For the purposes of this amendatory Act of  
3 the 95th General Assembly, "rules" is given the meaning  
4 contained in Section 1-70 of the Illinois Administrative  
5 Procedure Act, and "agency" and "agency head" are given the  
6 meanings contained in Sections 1-20 and 1-25 of the Illinois  
7 Administrative Procedure Act to the extent that such  
8 definitions apply to agencies or agency heads under the  
9 jurisdiction of the Governor.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
11 95-520, eff. 8-28-07; revised 12-4-07.)

12 Section 10-15. The Counties Code is amended by changing  
13 Section 5-1069.3 as follows:

14 (55 ILCS 5/5-1069.3)

15 Sec. 5-1069.3. Required health benefits. If a county,  
16 including a home rule county, is a self-insurer for purposes of  
17 providing health insurance coverage for its employees, the  
18 coverage shall include coverage for the post-mastectomy care  
19 benefits required to be covered by a policy of accident and  
20 health insurance under Section 356t and the coverage required  
21 under Sections 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6, ~~and~~  
22 356z.9, and 356z.10 ~~356z.9~~ of the Illinois Insurance Code. The  
23 requirement that health benefits be covered as provided in this  
24 Section is an exclusive power and function of the State and is

1 a denial and limitation under Article VII, Section 6,  
2 subsection (h) of the Illinois Constitution. A home rule county  
3 to which this Section applies must comply with every provision  
4 of this Section.

5 Notwithstanding any other rulemaking authority that may  
6 exist, neither the Governor nor any agency or agency head under  
7 the jurisdiction of the Governor has any authority to make or  
8 promulgate rules to implement or enforce the provisions of this  
9 amendatory Act of the 95th General Assembly. If, however, the  
10 Governor believes that rules are necessary to implement or  
11 enforce the provisions of this amendatory Act of the 95th  
12 General Assembly, the Governor may suggest rules to the General  
13 Assembly by filing them with the Clerk of the House and the  
14 Secretary of the Senate and by requesting that the General  
15 Assembly authorize such rulemaking by law, enact those  
16 suggested rules into law, or take any other appropriate action  
17 in the General Assembly's discretion. Nothing contained in this  
18 amendatory Act of the 95th General Assembly shall be  
19 interpreted to grant rulemaking authority under any other  
20 Illinois statute where such authority is not otherwise  
21 explicitly given. For the purposes of this amendatory Act of  
22 the 95th General Assembly, "rules" is given the meaning  
23 contained in Section 1-70 of the Illinois Administrative  
24 Procedure Act, and "agency" and "agency head" are given the  
25 meanings contained in Sections 1-20 and 1-25 of the Illinois  
26 Administrative Procedure Act to the extent that such

1 definitions apply to agencies or agency heads under the  
2 jurisdiction of the Governor.

3 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
4 95-520, eff. 8-28-07; revised 12-4-07.)

5 Section 10-20. The Illinois Municipal Code is amended by  
6 changing Section 10-4-2.3 as follows:

7 (65 ILCS 5/10-4-2.3)

8 Sec. 10-4-2.3. Required health benefits. If a  
9 municipality, including a home rule municipality, is a  
10 self-insurer for purposes of providing health insurance  
11 coverage for its employees, the coverage shall include coverage  
12 for the post-mastectomy care benefits required to be covered by  
13 a policy of accident and health insurance under Section 356t  
14 and the coverage required under Sections 356g.5, 356g.5-1,  
15 356u, 356w, 356x, 356z.6, ~~and 356z.9,~~ and 356z.10 ~~356z.9~~ of the  
16 Illinois Insurance Code. The requirement that health benefits  
17 be covered as provided in this is an exclusive power and  
18 function of the State and is a denial and limitation under  
19 Article VII, Section 6, subsection (h) of the Illinois  
20 Constitution. A home rule municipality to which this Section  
21 applies must comply with every provision of this Section.

22 Notwithstanding any other rulemaking authority that may  
23 exist, neither the Governor nor any agency or agency head under  
24 the jurisdiction of the Governor has any authority to make or

1 promulgate rules to implement or enforce the provisions of this  
2 amendatory Act of the 95th General Assembly. If, however, the  
3 Governor believes that rules are necessary to implement or  
4 enforce the provisions of this amendatory Act of the 95th  
5 General Assembly, the Governor may suggest rules to the General  
6 Assembly by filing them with the Clerk of the House and the  
7 Secretary of the Senate and by requesting that the General  
8 Assembly authorize such rulemaking by law, enact those  
9 suggested rules into law, or take any other appropriate action  
10 in the General Assembly's discretion. Nothing contained in this  
11 amendatory Act of the 95th General Assembly shall be  
12 interpreted to grant rulemaking authority under any other  
13 Illinois statute where such authority is not otherwise  
14 explicitly given. For the purposes of this amendatory Act of  
15 the 95th General Assembly, "rules" is given the meaning  
16 contained in Section 1-70 of the Illinois Administrative  
17 Procedure Act, and "agency" and "agency head" are given the  
18 meanings contained in Sections 1-20 and 1-25 of the Illinois  
19 Administrative Procedure Act to the extent that such  
20 definitions apply to agencies or agency heads under the  
21 jurisdiction of the Governor.

22 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
23 95-520, eff. 8-28-07; revised 12-4-07.)

24 Section 10-25. The School Code is amended by changing  
25 Section 10-22.3f as follows:

1 (105 ILCS 5/10-22.3f)

2 Sec. 10-22.3f. Required health benefits. Insurance  
3 protection and benefits for employees shall provide the  
4 post-mastectomy care benefits required to be covered by a  
5 policy of accident and health insurance under Section 356t and  
6 the coverage required under Sections 356g.5, 356g.5-1, 356u,  
7 356w, 356x, 356z.6, and 356z.9 of the Illinois Insurance Code.

8 Notwithstanding any other rulemaking authority that may  
9 exist, neither the Governor nor any agency or agency head under  
10 the jurisdiction of the Governor has any authority to make or  
11 promulgate rules to implement or enforce the provisions of this  
12 amendatory Act of the 95th General Assembly. If, however, the  
13 Governor believes that rules are necessary to implement or  
14 enforce the provisions of this amendatory Act of the 95th  
15 General Assembly, the Governor may suggest rules to the General  
16 Assembly by filing them with the Clerk of the House and the  
17 Secretary of the Senate and by requesting that the General  
18 Assembly authorize such rulemaking by law, enact those  
19 suggested rules into law, or take any other appropriate action  
20 in the General Assembly's discretion. Nothing contained in this  
21 amendatory Act of the 95th General Assembly shall be  
22 interpreted to grant rulemaking authority under any other  
23 Illinois statute where such authority is not otherwise  
24 explicitly given. For the purposes of this amendatory Act of  
25 the 95th General Assembly, "rules" is given the meaning

1 contained in Section 1-70 of the Illinois Administrative  
2 Procedure Act, and "agency" and "agency head" are given the  
3 meanings contained in Sections 1-20 and 1-25 of the Illinois  
4 Administrative Procedure Act to the extent that such  
5 definitions apply to agencies or agency heads under the  
6 jurisdiction of the Governor.

7 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
8 revised 12-4-07.)

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

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

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to  
14 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,  
15 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,  
16 154.6, 154.7, 154.8, 155.04, 355.2, 356g.5-1, 356m, 356v, 356w,  
17 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,  
18 356z.10 ~~356z.9~~, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,  
19 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,  
20 412, 444, and 444.1, paragraph (c) of subsection (2) of Section  
21 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,  
22 XXV, and XXVI of the Illinois Insurance Code.

23 (b) For purposes of the Illinois Insurance Code, except for  
24 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health

1 Maintenance Organizations in the following categories are  
2 deemed to be "domestic companies":

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

5 (2) a corporation organized under the laws of this  
6 State; or

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

16 (1) the Director shall give primary consideration to  
17 the continuation of benefits to enrollees and the financial  
18 conditions of the acquired Health Maintenance Organization  
19 after the merger, consolidation, or other acquisition of  
20 control takes effect;

21 (2) (i) the criteria specified in subsection (1) (b) of  
22 Section 131.8 of the Illinois Insurance Code shall not  
23 apply and (ii) the Director, in making his determination  
24 with respect to the merger, consolidation, or other  
25 acquisition of control, need not take into account the  
26 effect on competition of the merger, consolidation, or

1 other acquisition of control;

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

4 (A) certification by an independent actuary of the  
5 adequacy of the reserves of the Health Maintenance  
6 Organization sought to be acquired;

7 (B) pro forma financial statements reflecting the  
8 combined balance sheets of the acquiring company and  
9 the Health Maintenance Organization sought to be  
10 acquired as of the end of the preceding year and as of  
11 a date 90 days prior to the acquisition, as well as pro  
12 forma financial statements reflecting projected  
13 combined operation for a period of 2 years;

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

18 (D) such other information as the Director shall  
19 require.

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

26 (e) In considering any management contract or service

1 agreement subject to Section 141.1 of the Illinois Insurance  
2 Code, the Director (i) shall, in addition to the criteria  
3 specified in Section 141.2 of the Illinois Insurance Code, take  
4 into account the effect of the management contract or service  
5 agreement on the continuation of benefits to enrollees and the  
6 financial condition of the health maintenance organization to  
7 be managed or serviced, and (ii) need not take into account the  
8 effect of the management contract or service agreement on  
9 competition.

10 (f) Except for small employer groups as defined in the  
11 Small Employer Rating, Renewability and Portability Health  
12 Insurance Act and except for medicare supplement policies as  
13 defined in Section 363 of the Illinois Insurance Code, a Health  
14 Maintenance Organization may by contract agree with a group or  
15 other enrollment unit to effect refunds or charge additional  
16 premiums under the following terms and conditions:

17 (i) the amount of, and other terms and conditions with  
18 respect to, the refund or additional premium are set forth  
19 in the group or enrollment unit contract agreed in advance  
20 of the period for which a refund is to be paid or  
21 additional premium is to be charged (which period shall not  
22 be less than one year); and

23 (ii) the amount of the refund or additional premium  
24 shall not exceed 20% of the Health Maintenance  
25 Organization's profitable or unprofitable experience with  
26 respect to the group or other enrollment unit for the

1 period (and, for purposes of a refund or additional  
2 premium, the profitable or unprofitable experience shall  
3 be calculated taking into account a pro rata share of the  
4 Health Maintenance Organization's administrative and  
5 marketing expenses, but shall not include any refund to be  
6 made or additional premium to be paid pursuant to this  
7 subsection (f)). The Health Maintenance Organization and  
8 the group or enrollment unit may agree that the profitable  
9 or unprofitable experience may be calculated taking into  
10 account the refund period and the immediately preceding 2  
11 plan years.

12 The Health Maintenance Organization shall include a  
13 statement in the evidence of coverage issued to each enrollee  
14 describing the possibility of a refund or additional premium,  
15 and upon request of any group or enrollment unit, provide to  
16 the group or enrollment unit a description of the method used  
17 to calculate (1) the Health Maintenance Organization's  
18 profitable experience with respect to the group or enrollment  
19 unit and the resulting refund to the group or enrollment unit  
20 or (2) the Health Maintenance Organization's unprofitable  
21 experience with respect to the group or enrollment unit and the  
22 resulting additional premium to be paid by the group or  
23 enrollment unit.

24 In no event shall the Illinois Health Maintenance  
25 Organization Guaranty Association be liable to pay any  
26 contractual obligation of an insolvent organization to pay any

1 refund authorized under this Section.

2 (g) Notwithstanding any other rulemaking authority that  
3 may exist, neither the Governor nor any agency or agency head  
4 under the jurisdiction of the Governor has any authority to  
5 make or promulgate rules to implement or enforce the provisions  
6 of this amendatory Act of the 95th General Assembly. If,  
7 however, the Governor believes that rules are necessary to  
8 implement or enforce the provisions of this amendatory Act of  
9 the 95th General Assembly, the Governor may suggest rules to  
10 the General Assembly by filing them with the Clerk of the House  
11 and the Secretary of the Senate and by requesting that the  
12 General Assembly authorize such rulemaking by law, enact those  
13 suggested rules into law, or take any other appropriate action  
14 in the General Assembly's discretion. Nothing contained in this  
15 amendatory Act of the 95th General Assembly shall be  
16 interpreted to grant rulemaking authority under any other  
17 Illinois statute where such authority is not otherwise  
18 explicitly given. For the purposes of this amendatory Act of  
19 the 95th General Assembly, "rules" is given the meaning  
20 contained in Section 1-70 of the Illinois Administrative  
21 Procedure Act, and "agency" and "agency head" are given the  
22 meanings contained in Sections 1-20 and 1-25 of the Illinois  
23 Administrative Procedure Act to the extent that such  
24 definitions apply to agencies or agency heads under the  
25 jurisdiction of the Governor.

26 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;

1 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; revised 12-4-07.)

2 Section 10-35. The Voluntary Health Services Plans Act is  
3 amended by changing Section 10 as follows:

4 (215 ILCS 165/10) (from Ch. 32, par. 604)

5 Sec. 10. Application of Insurance Code provisions. Health  
6 services plan corporations and all persons interested therein  
7 or dealing therewith shall be subject to the provisions of  
8 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,  
9 149, 155.37, 354, 355.2, 356g.5, 356g.5-1, 356r, 356t, 356u,  
10 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,  
11 356z.8, 356z.9, 356z.10 ~~356z.9~~, 364.01, 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 Notwithstanding any other rulemaking authority that may  
15 exist, neither the Governor nor any agency or agency head under  
16 the jurisdiction of the Governor has any authority to make or  
17 promulgate rules to implement or enforce the provisions of this  
18 amendatory Act of the 95th General Assembly. If, however, the  
19 Governor believes that rules are necessary to implement or  
20 enforce the provisions of this amendatory Act of the 95th  
21 General Assembly, the Governor may suggest rules to the General  
22 Assembly by filing them with the Clerk of the House and the  
23 Secretary of the Senate and by requesting that the General  
24 Assembly authorize such rulemaking by law, enact those

1 suggested rules into law, or take any other appropriate action  
2 in the General Assembly's discretion. Nothing contained in this  
3 amendatory Act of the 95th General Assembly shall be  
4 interpreted to grant rulemaking authority under any other  
5 Illinois statute where such authority is not otherwise  
6 explicitly given. For the purposes of this amendatory Act of  
7 the 95th General Assembly, "rules" is given the meaning  
8 contained in Section 1-70 of the Illinois Administrative  
9 Procedure Act, and "agency" and "agency head" are given the  
10 meanings contained in Sections 1-20 and 1-25 of the Illinois  
11 Administrative Procedure Act to the extent that such  
12 definitions apply to agencies or agency heads under the  
13 jurisdiction of the Governor.

14 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;  
15 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.  
16 8-28-07; revised 12-5-07.)

17 Article 15. Reducing Financial Barriers To Mammography

18 Section 15-5. The Illinois Insurance Code is amended by  
19 changing Section 356g as follows:

20 (215 ILCS 5/356g) (from Ch. 73, par. 968g)

21 Sec. 356g. Mammograms; mastectomies.

22 (a) Every insurer shall provide in each group or individual  
23 policy, contract, or certificate of insurance issued or renewed

1 for persons who are residents of this State, coverage for  
2 screening by low-dose mammography for all women 35 years of age  
3 or older for the presence of occult breast cancer within the  
4 provisions of the policy, contract, or certificate. The  
5 coverage shall be as follows:

6 (1) A baseline mammogram for women 35 to 39 years of  
7 age.

8 (2) An annual mammogram for women 40 years of age or  
9 older.

10 (3) A mammogram at the age and intervals considered  
11 medically necessary by the woman's health care provider for  
12 women under 40 years of age and having a family history of  
13 breast cancer, prior personal history of breast cancer,  
14 positive genetic testing, or other risk factors.

15 (4) A comprehensive ultrasound screening of an entire  
16 breast or breasts if a mammogram demonstrates  
17 heterogeneous or dense breast tissue, when medically  
18 necessary as determined by a physician licensed to practice  
19 medicine in all of its branches.

20 ~~These benefits shall be at least as favorable as for other~~  
21 ~~radiological examinations and subject to the same dollar~~  
22 ~~limits, deductibles, and co-insurance factors.~~ For purposes of  
23 this Section, "low-dose mammography" means the x-ray  
24 examination of the breast using equipment dedicated  
25 specifically for mammography, including the x-ray tube,  
26 filter, compression device, and image receptor, with radiation

1 exposure delivery of less than 1 rad per breast for 2 views of  
2 an average size breast. The term also includes digital  
3 mammography.

4 (a-5) Coverage as described by subsection (a) shall be  
5 provided at no cost to the insured and shall not be applied to  
6 an annual or lifetime maximum benefit.

7 (a-10) When health care services are available through  
8 contracted providers and a person does not comply with plan  
9 provisions specific to the use of contracted providers, the  
10 requirements of subsection (a-5) are not applicable. When a  
11 person does not comply with plan provisions specific to the use  
12 of contracted providers, plan provisions specific to the use of  
13 non-contracted providers must be applied without distinction  
14 for coverage required by this Section and shall be at least as  
15 favorable as for other radiological examinations covered by the  
16 policy or contract.

17 (b) No policy of accident or health insurance that provides  
18 for the surgical procedure known as a mastectomy shall be  
19 issued, amended, delivered, or renewed in this State unless  
20 that coverage also provides for prosthetic devices or  
21 reconstructive surgery incident to the mastectomy. Coverage  
22 for breast reconstruction in connection with a mastectomy shall  
23 include:

24 (1) reconstruction of the breast upon which the  
25 mastectomy has been performed;

26 (2) surgery and reconstruction of the other breast to

1 produce a symmetrical appearance; and  
2 (3) prostheses and treatment for physical  
3 complications at all stages of mastectomy, including  
4 lymphedemas.

5 Care shall be determined in consultation with the attending  
6 physician and the patient. The offered coverage for prosthetic  
7 devices and reconstructive surgery shall be subject to the  
8 deductible and coinsurance conditions applied to the  
9 mastectomy, and all other terms and conditions applicable to  
10 other benefits. When a mastectomy is performed and there is no  
11 evidence of malignancy then the offered coverage may be limited  
12 to the provision of prosthetic devices and reconstructive  
13 surgery to within 2 years after the date of the mastectomy. As  
14 used in this Section, "mastectomy" means the removal of all or  
15 part of the breast for medically necessary reasons, as  
16 determined by a licensed physician.

17 Written notice of the availability of coverage under this  
18 Section shall be delivered to the insured upon enrollment and  
19 annually thereafter. An insurer may not deny to an insured  
20 eligibility, or continued eligibility, to enroll or to renew  
21 coverage under the terms of the plan solely for the purpose of  
22 avoiding the requirements of this Section. An insurer may not  
23 penalize or reduce or limit the reimbursement of an attending  
24 provider or provide incentives (monetary or otherwise) to an  
25 attending provider to induce the provider to provide care to an  
26 insured in a manner inconsistent with this Section.

1       (c) Notwithstanding any other rulemaking authority that  
2 may exist, neither the Governor nor any agency or agency head  
3 under the jurisdiction of the Governor has any authority to  
4 make or promulgate rules to implement or enforce the provisions  
5 of this amendatory Act of the 95th General Assembly. If,  
6 however, the Governor believes that rules are necessary to  
7 implement or enforce the provisions of this amendatory Act of  
8 the 95th General Assembly, the Governor may suggest rules to  
9 the General Assembly by filing them with the Clerk of the House  
10 and the Secretary of the Senate and by requesting that the  
11 General Assembly authorize such rulemaking by law, enact those  
12 suggested rules into law, or take any other appropriate action  
13 in the General Assembly's discretion. Nothing contained in this  
14 amendatory Act of the 95th General Assembly shall be  
15 interpreted to grant rulemaking authority under any other  
16 Illinois statute where such authority is not otherwise  
17 explicitly given. For the purposes of this amendatory Act of  
18 the 95th General Assembly, "rules" is given the meaning  
19 contained in Section 1-70 of the Illinois Administrative  
20 Procedure Act, and "agency" and "agency head" are given the  
21 meanings contained in Sections 1-20 and 1-25 of the Illinois  
22 Administrative Procedure Act to the extent that such  
23 definitions apply to agencies or agency heads under the  
24 jurisdiction of the Governor.

25       (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07.)

1 Section 15-10. The State Employees Group Insurance Act of  
2 1971 is amended by changing Section 6.11 as follows:

3 (5 ILCS 375/6.11)

4 Sec. 6.11. Required health benefits; Illinois Insurance  
5 Code requirements. The program of health benefits shall provide  
6 the post-mastectomy care benefits required to be covered by a  
7 policy of accident and health insurance under Section 356t of  
8 the Illinois Insurance Code. The program of health benefits  
9 shall provide the coverage required under Sections 356g,  
10 356g.5, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, and 356z.9,  
11 and 356z.10 ~~356z.9~~ of the Illinois Insurance Code. The program  
12 of health benefits must comply with Section 155.37 of the  
13 Illinois Insurance Code.

14 Notwithstanding any other rulemaking authority that may  
15 exist, neither the Governor nor any agency or agency head under  
16 the jurisdiction of the Governor has any authority to make or  
17 promulgate rules to implement or enforce the provisions of this  
18 amendatory Act of the 95th General Assembly. If, however, the  
19 Governor believes that rules are necessary to implement or  
20 enforce the provisions of this amendatory Act of the 95th  
21 General Assembly, the Governor may suggest rules to the General  
22 Assembly by filing them with the Clerk of the House and the  
23 Secretary of the Senate and by requesting that the General  
24 Assembly authorize such rulemaking by law, enact those  
25 suggested rules into law, or take any other appropriate action

1 in the General Assembly's discretion. Nothing contained in this  
2 amendatory Act of the 95th General Assembly shall be  
3 interpreted to grant rulemaking authority under any other  
4 Illinois statute where such authority is not otherwise  
5 explicitly given. For the purposes of this amendatory Act of  
6 the 95th General Assembly, "rules" is given the meaning  
7 contained in Section 1-70 of the Illinois Administrative  
8 Procedure Act, and "agency" and "agency head" are given the  
9 meanings contained in Sections 1-20 and 1-25 of the Illinois  
10 Administrative Procedure Act to the extent that such  
11 definitions apply to agencies or agency heads under the  
12 jurisdiction of the Governor.

13 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
14 95-520, eff. 8-28-07; revised 12-4-07.)

15 Section 15-15. The Counties Code is amended by changing  
16 Sections 5-1069 and 5-1069.3 as follows:

17 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

18 Sec. 5-1069. Group life, health, accident, hospital, and  
19 medical insurance.

20 (a) The county board of any county may arrange to provide,  
21 for the benefit of employees of the county, group life, health,  
22 accident, hospital, and medical insurance, or any one or any  
23 combination of those types of insurance, or the county board  
24 may self-insure, for the benefit of its employees, all or a

1 portion of the employees' group life, health, accident,  
2 hospital, and medical insurance, or any one or any combination  
3 of those types of insurance, including a combination of  
4 self-insurance and other types of insurance authorized by this  
5 Section, provided that the county board complies with all other  
6 requirements of this Section. The insurance may include  
7 provision for employees who rely on treatment by prayer or  
8 spiritual means alone for healing in accordance with the tenets  
9 and practice of a well recognized religious denomination. The  
10 county board may provide for payment by the county of a portion  
11 or all of the premium or charge for the insurance with the  
12 employee paying the balance of the premium or charge, if any.  
13 If the county board undertakes a plan under which the county  
14 pays only a portion of the premium or charge, the county board  
15 shall provide for withholding and deducting from the  
16 compensation of those employees who consent to join the plan  
17 the balance of the premium or charge for the insurance.

18 (b) If the county board does not provide for self-insurance  
19 or for a plan under which the county pays a portion or all of  
20 the premium or charge for a group insurance plan, the county  
21 board may provide for withholding and deducting from the  
22 compensation of those employees who consent thereto the total  
23 premium or charge for any group life, health, accident,  
24 hospital, and medical insurance.

25 (c) The county board may exercise the powers granted in  
26 this Section only if it provides for self-insurance or, where

1 it makes arrangements to provide group insurance through an  
2 insurance carrier, if the kinds of group insurance are obtained  
3 from an insurance company authorized to do business in the  
4 State of Illinois. The county board may enact an ordinance  
5 prescribing the method of operation of the insurance program.

6 (d) If a county, including a home rule county, is a  
7 self-insurer for purposes of providing health insurance  
8 coverage for its employees, the insurance coverage shall  
9 include screening by low-dose mammography for all women 35  
10 years of age or older for the presence of occult breast cancer  
11 unless the county elects to provide mammograms itself under  
12 Section 5-1069.1. The coverage shall be as follows:

13 (1) A baseline mammogram for women 35 to 39 years of  
14 age.

15 (2) An annual mammogram for women 40 years of age or  
16 older.

17 (3) A mammogram at the age and intervals considered  
18 medically necessary by the woman's health care provider for  
19 women under 40 years of age and having a family history of  
20 breast cancer, prior personal history of breast cancer,  
21 positive genetic testing, or other risk factors.

22 (4) A comprehensive ultrasound screening of an entire  
23 breast or breasts if a mammogram demonstrates  
24 heterogeneous or dense breast tissue, when medically  
25 necessary as determined by a physician licensed to practice  
26 medicine in all of its branches.

1       ~~Those benefits shall be at least as favorable as for other~~  
2 ~~radiological examinations and subject to the same dollar~~  
3 ~~limits, deductibles, and co-insurance factors.~~ For purposes of  
4 this subsection, "low-dose mammography" means the x-ray  
5 examination of the breast using equipment dedicated  
6 specifically for mammography, including the x-ray tube,  
7 filter, compression device, ~~screens,~~ and image receptor  
8 ~~receptors,~~ with an average radiation exposure delivery of less  
9 than one rad per breast for mid breast, with 2 views of an  
10 average size ~~for each~~ breast. The term also includes digital  
11 mammography.

12       (d-5) Coverage as described by subsection (d) shall be  
13 provided at no cost to the insured and shall not be applied to  
14 an annual or lifetime maximum benefit.

15       (d-10) When health care services are available through  
16 contracted providers and a person does not comply with plan  
17 provisions specific to the use of contracted providers, the  
18 requirements of subsection (d-5) are not applicable. When a  
19 person does not comply with plan provisions specific to the use  
20 of contracted providers, plan provisions specific to the use of  
21 non-contracted providers must be applied without distinction  
22 for coverage required by this Section and shall be at least as  
23 favorable as for other radiological examinations covered by the  
24 policy or contract.

25       (d-15) If a county, including a home rule county, is a  
26 self-insurer for purposes of providing health insurance

1 coverage for its employees, the insurance coverage shall  
2 include mastectomy coverage, which includes coverage for  
3 prosthetic devices or reconstructive surgery incident to the  
4 mastectomy. Coverage for breast reconstruction in connection  
5 with a mastectomy shall include:

6 (1) reconstruction of the breast upon which the  
7 mastectomy has been performed;

8 (2) surgery and reconstruction of the other breast to  
9 produce a symmetrical appearance; and

10 (3) prostheses and treatment for physical  
11 complications at all stages of mastectomy, including  
12 lymphedemas.

13 Care shall be determined in consultation with the attending  
14 physician and the patient. The offered coverage for prosthetic  
15 devices and reconstructive surgery shall be subject to the  
16 deductible and coinsurance conditions applied to the  
17 mastectomy, and all other terms and conditions applicable to  
18 other benefits. When a mastectomy is performed and there is no  
19 evidence of malignancy then the offered coverage may be limited  
20 to the provision of prosthetic devices and reconstructive  
21 surgery to within 2 years after the date of the mastectomy. As  
22 used in this Section, "mastectomy" means the removal of all or  
23 part of the breast for medically necessary reasons, as  
24 determined by a licensed physician.

25 A county, including a home rule county, that is a  
26 self-insurer for purposes of providing health insurance

1 coverage for its employees, may not penalize or reduce or limit  
2 the reimbursement of an attending provider or provide  
3 incentives (monetary or otherwise) to an attending provider to  
4 induce the provider to provide care to an insured in a manner  
5 inconsistent with this Section.

6 (d-20) The requirement that mammograms be included in  
7 health insurance coverage as provided in subsections ~~this~~  
8 ~~subsection~~ (d) through (d-15) is an exclusive power and  
9 function of the State and is a denial and limitation under  
10 Article VII, Section 6, subsection (h) of the Illinois  
11 Constitution of home rule county powers. A home rule county to  
12 which subsections (d) through (d-15) apply ~~this subsection~~  
13 ~~applies~~ must comply with every provision of those subsections  
14 ~~this subsection.~~

15 (e) The term "employees" as used in this Section includes  
16 elected or appointed officials but does not include temporary  
17 employees.

18 (f) The county board may, by ordinance, arrange to provide  
19 group life, health, accident, hospital, and medical insurance,  
20 or any one or a combination of those types of insurance, under  
21 this Section to retired former employees and retired former  
22 elected or appointed officials of the county.

23 (g) Notwithstanding any other rulemaking authority that  
24 may exist, neither the Governor nor any agency or agency head  
25 under the jurisdiction of the Governor has any authority to  
26 make or promulgate rules to implement or enforce the provisions

1 of this amendatory Act of the 95th General Assembly. If,  
2 however, the Governor believes that rules are necessary to  
3 implement or enforce the provisions of this amendatory Act of  
4 the 95th General Assembly, the Governor may suggest rules to  
5 the General Assembly by filing them with the Clerk of the House  
6 and the Secretary of the Senate and by requesting that the  
7 General Assembly authorize such rulemaking by law, enact those  
8 suggested rules into law, or take any other appropriate action  
9 in the General Assembly's discretion. Nothing contained in this  
10 amendatory Act of the 95th General Assembly shall be  
11 interpreted to grant rulemaking authority under any other  
12 Illinois statute where such authority is not otherwise  
13 explicitly given. For the purposes of this amendatory Act of  
14 the 95th General Assembly, "rules" is given the meaning  
15 contained in Section 1-70 of the Illinois Administrative  
16 Procedure Act, and "agency" and "agency head" are given the  
17 meanings contained in Sections 1-20 and 1-25 of the Illinois  
18 Administrative Procedure Act to the extent that such  
19 definitions apply to agencies or agency heads under the  
20 jurisdiction of the Governor.

21 (Source: P.A. 90-7, eff. 6-10-97; 91-217, eff. 1-1-00.)

22 (55 ILCS 5/5-1069.3)

23 Sec. 5-1069.3. Required health benefits. If a county,  
24 including a home rule county, is a self-insurer for purposes of  
25 providing health insurance coverage for its employees, the

1 coverage shall include coverage for the post-mastectomy care  
2 benefits required to be covered by a policy of accident and  
3 health insurance under Section 356t and the coverage required  
4 under Sections 356g, 356g.5, 356u, 356w, 356x, 356z.6, ~~and~~  
5 356z.9, and 356z.10 ~~356z.9~~ of the Illinois Insurance Code. The  
6 requirement that health benefits be covered as provided in this  
7 Section is an exclusive power and function of the State and is  
8 a denial and limitation under Article VII, Section 6,  
9 subsection (h) of the Illinois Constitution. A home rule county  
10 to which this Section applies must comply with every provision  
11 of this Section.

12 Notwithstanding any other rulemaking authority that may  
13 exist, neither the Governor nor any agency or agency head under  
14 the jurisdiction of the Governor has any authority to make or  
15 promulgate rules to implement or enforce the provisions of this  
16 amendatory Act of the 95th General Assembly. If, however, the  
17 Governor believes that rules are necessary to implement or  
18 enforce the provisions of this amendatory Act of the 95th  
19 General Assembly, the Governor may suggest rules to the General  
20 Assembly by filing them with the Clerk of the House and the  
21 Secretary of the Senate and by requesting that the General  
22 Assembly authorize such rulemaking by law, enact those  
23 suggested rules into law, or take any other appropriate action  
24 in the General Assembly's discretion. Nothing contained in this  
25 amendatory Act of the 95th General Assembly shall be  
26 interpreted to grant rulemaking authority under any other

1 Illinois statute where such authority is not otherwise  
2 explicitly given. For the purposes of this amendatory Act of  
3 the 95th General Assembly, "rules" is given the meaning  
4 contained in Section 1-70 of the Illinois Administrative  
5 Procedure Act, and "agency" and "agency head" are given the  
6 meanings contained in Sections 1-20 and 1-25 of the Illinois  
7 Administrative Procedure Act to the extent that such  
8 definitions apply to agencies or agency heads under the  
9 jurisdiction of the Governor.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
11 95-520, eff. 8-28-07; revised 12-4-07.)

12 Section 15-20. The Illinois Municipal Code is amended by  
13 changing Sections 10-4-2 and 10-4-2.3 as follows:

14 (65 ILCS 5/10-4-2) (from Ch. 24, par. 10-4-2)

15 Sec. 10-4-2. Group insurance.

16 (a) The corporate authorities of any municipality may  
17 arrange to provide, for the benefit of employees of the  
18 municipality, group life, health, accident, hospital, and  
19 medical insurance, or any one or any combination of those types  
20 of insurance, and may arrange to provide that insurance for the  
21 benefit of the spouses or dependents of those employees. The  
22 insurance may include provision for employees or other insured  
23 persons who rely on treatment by prayer or spiritual means  
24 alone for healing in accordance with the tenets and practice of

1 a well recognized religious denomination. The corporate  
2 authorities may provide for payment by the municipality of a  
3 portion of the premium or charge for the insurance with the  
4 employee paying the balance of the premium or charge. If the  
5 corporate authorities undertake a plan under which the  
6 municipality pays a portion of the premium or charge, the  
7 corporate authorities shall provide for withholding and  
8 deducting from the compensation of those municipal employees  
9 who consent to join the plan the balance of the premium or  
10 charge for the insurance.

11 (b) If the corporate authorities do not provide for a plan  
12 under which the municipality pays a portion of the premium or  
13 charge for a group insurance plan, the corporate authorities  
14 may provide for withholding and deducting from the compensation  
15 of those employees who consent thereto the premium or charge  
16 for any group life, health, accident, hospital, and medical  
17 insurance.

18 (c) The corporate authorities may exercise the powers  
19 granted in this Section only if the kinds of group insurance  
20 are obtained from an insurance company authorized to do  
21 business in the State of Illinois, or are obtained through an  
22 intergovernmental joint self-insurance pool as authorized  
23 under the Intergovernmental Cooperation Act. The corporate  
24 authorities may enact an ordinance prescribing the method of  
25 operation of the insurance program.

26 (d) If a municipality, including a home rule municipality,

1 is a self-insurer for purposes of providing health insurance  
2 coverage for its employees, the insurance coverage shall  
3 include screening by low-dose mammography for all women 35  
4 years of age or older for the presence of occult breast cancer  
5 unless the municipality elects to provide mammograms itself  
6 under Section 10-4-2.1. The coverage shall be as follows:

7 (1) A baseline mammogram for women 35 to 39 years of  
8 age.

9 (2) An annual mammogram for women 40 years of age or  
10 older.

11 (3) A mammogram at the age and intervals considered  
12 medically necessary by the woman's health care provider for  
13 women under 40 years of age and having a family history of  
14 breast cancer, prior personal history of breast cancer,  
15 positive genetic testing, or other risk factors.

16 (4) A comprehensive ultrasound screening of an entire  
17 breast or breasts if a mammogram demonstrates  
18 heterogeneous or dense breast tissue, when medically  
19 necessary as determined by a physician licensed to practice  
20 medicine in all of its branches.

21 ~~Those benefits shall be at least as favorable as for other~~  
22 ~~radiological examinations and subject to the same dollar~~  
23 ~~limits, deductibles, and co-insurance factors.~~ For purposes of  
24 this subsection, "low-dose mammography" means the x-ray  
25 examination of the breast using equipment dedicated  
26 specifically for mammography, including the x-ray tube,

1 filter, compression device, ~~screens,~~ and image receptor  
2 receptors, with an average radiation exposure delivery of less  
3 than one rad per breast for mid-breast, with 2 views of an  
4 average size for each breast. The term also includes digital  
5 mammography.

6 (d-5) Coverage as described by subsection (d) shall be  
7 provided at no cost to the insured and shall not be applied to  
8 an annual or lifetime maximum benefit.

9 (d-10) When health care services are available through  
10 contracted providers and a person does not comply with plan  
11 provisions specific to the use of contracted providers, the  
12 requirements of subsection (d-5) are not applicable. When a  
13 person does not comply with plan provisions specific to the use  
14 of contracted providers, plan provisions specific to the use of  
15 non-contracted providers must be applied without distinction  
16 for coverage required by this Section and shall be at least as  
17 favorable as for other radiological examinations covered by the  
18 policy or contract.

19 (d-15) If a municipality, including a home rule  
20 municipality, is a self-insurer for purposes of providing  
21 health insurance coverage for its employees, the insurance  
22 coverage shall include mastectomy coverage, which includes  
23 coverage for prosthetic devices or reconstructive surgery  
24 incident to the mastectomy. Coverage for breast reconstruction  
25 in connection with a mastectomy shall include:

26 (1) reconstruction of the breast upon which the

1 mastectomy has been performed;

2 (2) surgery and reconstruction of the other breast to  
3 produce a symmetrical appearance; and

4 (3) prostheses and treatment for physical  
5 complications at all stages of mastectomy, including  
6 lymphedemas.

7 Care shall be determined in consultation with the attending  
8 physician and the patient. The offered coverage for prosthetic  
9 devices and reconstructive surgery shall be subject to the  
10 deductible and coinsurance conditions applied to the  
11 mastectomy, and all other terms and conditions applicable to  
12 other benefits. When a mastectomy is performed and there is no  
13 evidence of malignancy then the offered coverage may be limited  
14 to the provision of prosthetic devices and reconstructive  
15 surgery to within 2 years after the date of the mastectomy. As  
16 used in this Section, "mastectomy" means the removal of all or  
17 part of the breast for medically necessary reasons, as  
18 determined by a licensed physician.

19 A municipality, including a home rule municipality, that is  
20 a self-insurer for purposes of providing health insurance  
21 coverage for its employees, may not penalize or reduce or limit  
22 the reimbursement of an attending provider or provide  
23 incentives (monetary or otherwise) to an attending provider to  
24 induce the provider to provide care to an insured in a manner  
25 inconsistent with this Section.

26 (d-20) The requirement that mammograms be included in

1 health insurance coverage as provided in subsections ~~this~~  
2 ~~subsection~~ (d) through (d-15) is an exclusive power and  
3 function of the State and is a denial and limitation under  
4 Article VII, Section 6, subsection (h) of the Illinois  
5 Constitution of home rule municipality powers. A home rule  
6 municipality to which subsections (d) through (d-15) apply ~~this~~  
7 ~~subsection applies~~ must comply with every provision of through  
8 subsections ~~this subsection~~.

9 (e) Notwithstanding any other rulemaking authority that  
10 may exist, neither the Governor nor any agency or agency head  
11 under the jurisdiction of the Governor has any authority to  
12 make or promulgate rules to implement or enforce the provisions  
13 of this amendatory Act of the 95th General Assembly. If,  
14 however, the Governor believes that rules are necessary to  
15 implement or enforce the provisions of this amendatory Act of  
16 the 95th General Assembly, the Governor may suggest rules to  
17 the General Assembly by filing them with the Clerk of the House  
18 and the Secretary of the Senate and by requesting that the  
19 General Assembly authorize such rulemaking by law, enact those  
20 suggested rules into law, or take any other appropriate action  
21 in the General Assembly's discretion. Nothing contained in this  
22 amendatory Act of the 95th General Assembly shall be  
23 interpreted to grant rulemaking authority under any other  
24 Illinois statute where such authority is not otherwise  
25 explicitly given. For the purposes of this amendatory Act of  
26 the 95th General Assembly, "rules" is given the meaning

1 contained in Section 1-70 of the Illinois Administrative  
2 Procedure Act, and "agency" and "agency head" are given the  
3 meanings contained in Sections 1-20 and 1-25 of the Illinois  
4 Administrative Procedure Act to the extent that such  
5 definitions apply to agencies or agency heads under the  
6 jurisdiction of the Governor.

7 (Source: P.A. 90-7, eff. 6-10-97; 91-160, eff. 1-1-00.)

8 (65 ILCS 5/10-4-2.3)

9 Sec. 10-4-2.3. Required health benefits. If a  
10 municipality, including a home rule municipality, is a  
11 self-insurer for purposes of providing health insurance  
12 coverage for its employees, the coverage shall include coverage  
13 for the post-mastectomy care benefits required to be covered by  
14 a policy of accident and health insurance under Section 356t  
15 and the coverage required under Sections 356g, 356g.5, 356u,  
16 356w, 356x, 356z.6, ~~and~~ 356z.9, and 356z.10 ~~356z.9~~ of the  
17 Illinois Insurance Code. The requirement that health benefits  
18 be covered as provided in this is an exclusive power and  
19 function of the State and is a denial and limitation under  
20 Article VII, Section 6, subsection (h) of the Illinois  
21 Constitution. A home rule municipality to which this Section  
22 applies must comply with every provision of this Section.

23 Notwithstanding any other rulemaking authority that may  
24 exist, neither the Governor nor any agency or agency head under  
25 the jurisdiction of the Governor has any authority to make or

1 promulgate rules to implement or enforce the provisions of this  
2 amendatory Act of the 95th General Assembly. If, however, the  
3 Governor believes that rules are necessary to implement or  
4 enforce the provisions of this amendatory Act of the 95th  
5 General Assembly, the Governor may suggest rules to the General  
6 Assembly by filing them with the Clerk of the House and the  
7 Secretary of the Senate and by requesting that the General  
8 Assembly authorize such rulemaking by law, enact those  
9 suggested rules into law, or take any other appropriate action  
10 in the General Assembly's discretion. Nothing contained in this  
11 amendatory Act of the 95th General Assembly shall be  
12 interpreted to grant rulemaking authority under any other  
13 Illinois statute where such authority is not otherwise  
14 explicitly given. For the purposes of this amendatory Act of  
15 the 95th General Assembly, "rules" is given the meaning  
16 contained in Section 1-70 of the Illinois Administrative  
17 Procedure Act, and "agency" and "agency head" are given the  
18 meanings contained in Sections 1-20 and 1-25 of the Illinois  
19 Administrative Procedure Act to the extent that such  
20 definitions apply to agencies or agency heads under the  
21 jurisdiction of the Governor.

22 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
23 95-520, eff. 8-28-07; revised 12-4-07.)

24 Section 15-25. The School Code is amended by changing  
25 Section 10-22.3f as follows:

1 (105 ILCS 5/10-22.3f)

2 Sec. 10-22.3f. Required health benefits. Insurance  
3 protection and benefits for employees shall provide the  
4 post-mastectomy care benefits required to be covered by a  
5 policy of accident and health insurance under Section 356t and  
6 the coverage required under Sections 356g, 356g.5, 356u, 356w,  
7 356x, 356z.6, and 356z.9 of the Illinois Insurance Code.

8 Notwithstanding any other rulemaking authority that may  
9 exist, neither the Governor nor any agency or agency head under  
10 the jurisdiction of the Governor has any authority to make or  
11 promulgate rules to implement or enforce the provisions of this  
12 amendatory Act of the 95th General Assembly. If, however, the  
13 Governor believes that rules are necessary to implement or  
14 enforce the provisions of this amendatory Act of the 95th  
15 General Assembly, the Governor may suggest rules to the General  
16 Assembly by filing them with the Clerk of the House and the  
17 Secretary of the Senate and by requesting that the General  
18 Assembly authorize such rulemaking by law, enact those  
19 suggested rules into law, or take any other appropriate action  
20 in the General Assembly's discretion. Nothing contained in this  
21 amendatory Act of the 95th General Assembly shall be  
22 interpreted to grant rulemaking authority under any other  
23 Illinois statute where such authority is not otherwise  
24 explicitly given. For the purposes of this amendatory Act of  
25 the 95th General Assembly, "rules" is given the meaning

1 contained in Section 1-70 of the Illinois Administrative  
2 Procedure Act, and "agency" and "agency head" are given the  
3 meanings contained in Sections 1-20 and 1-25 of the Illinois  
4 Administrative Procedure Act to the extent that such  
5 definitions apply to agencies or agency heads under the  
6 jurisdiction of the Governor.

7 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
8 revised 12-4-07.)

9 Section 15-30. The Health Maintenance Organization Act is  
10 amended by changing Section 4-6.1 as follows:

11 (215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7)

12 Sec. 4-6.1. Mammograms; mastectomies.

13 (a) Every contract or evidence of coverage issued by a  
14 Health Maintenance Organization for persons who are residents  
15 of this State shall contain coverage for screening by low-dose  
16 mammography for all women 35 years of age or older for the  
17 presence of occult breast cancer. The coverage shall be as  
18 follows:

19 (1) A baseline mammogram for women 35 to 39 years of  
20 age.

21 (2) An annual mammogram for women 40 years of age or  
22 older.

23 (3) A mammogram at the age and intervals considered  
24 medically necessary by the woman's health care provider for

1 women under 40 years of age and having a family history of  
2 breast cancer, prior personal history of breast cancer,  
3 positive genetic testing, or other risk factors.

4 (4) A comprehensive ultrasound screening of an entire  
5 breast or breasts if a mammogram demonstrates  
6 heterogeneous or dense breast tissue, when medically  
7 necessary as determined by a physician licensed to practice  
8 medicine in all of its branches.

9 ~~These benefits shall be at least as favorable as for other~~  
10 ~~radiological examinations and subject to the same dollar~~  
11 ~~limits, deductibles, and co-insurance factors.~~ For purposes of  
12 this Section, "low-dose mammography" means the x-ray  
13 examination of the breast using equipment dedicated  
14 specifically for mammography, including the x-ray tube,  
15 filter, compression device, and image receptor, with radiation  
16 exposure delivery of less than 1 rad per breast for 2 views of  
17 an average size breast. The term also includes digital  
18 mammography.

19 (a-5) Coverage as described in subsection (a) shall be  
20 provided at no cost to the enrollee and shall not be applied to  
21 an annual or lifetime maximum benefit.

22 (b) No contract or evidence of coverage issued by a health  
23 maintenance organization that provides for the surgical  
24 procedure known as a mastectomy shall be issued, amended,  
25 delivered, or renewed in this State on or after the effective  
26 date of this amendatory Act of the 92nd General Assembly unless

1 that coverage also provides for prosthetic devices or  
2 reconstructive surgery incident to the mastectomy, providing  
3 that the mastectomy is performed after the effective date of  
4 this amendatory Act. Coverage for breast reconstruction in  
5 connection with a mastectomy shall include:

6 (1) reconstruction of the breast upon which the  
7 mastectomy has been performed;

8 (2) surgery and reconstruction of the other breast to  
9 produce a symmetrical appearance; and

10 (3) prostheses and treatment for physical  
11 complications at all stages of mastectomy, including  
12 lymphedemas.

13 Care shall be determined in consultation with the attending  
14 physician and the patient. The offered coverage for prosthetic  
15 devices and reconstructive surgery shall be subject to the  
16 deductible and coinsurance conditions applied to the  
17 mastectomy and all other terms and conditions applicable to  
18 other benefits. When a mastectomy is performed and there is no  
19 evidence of malignancy, then the offered coverage may be  
20 limited to the provision of prosthetic devices and  
21 reconstructive surgery to within 2 years after the date of the  
22 mastectomy. As used in this Section, "mastectomy" means the  
23 removal of all or part of the breast for medically necessary  
24 reasons, as determined by a licensed physician.

25 Written notice of the availability of coverage under this  
26 Section shall be delivered to the enrollee upon enrollment and

1 annually thereafter. A health maintenance organization may not  
2 deny to an enrollee eligibility, or continued eligibility, to  
3 enroll or to renew coverage under the terms of the plan solely  
4 for the purpose of avoiding the requirements of this Section. A  
5 health maintenance organization may not penalize or reduce or  
6 limit the reimbursement of an attending provider or provide  
7 incentives (monetary or otherwise) to an attending provider to  
8 induce the provider to provide care to an insured in a manner  
9 inconsistent with this Section.

10 (c) Notwithstanding any other rulemaking authority that  
11 may exist, neither the Governor nor any agency or agency head  
12 under the jurisdiction of the Governor has any authority to  
13 make or promulgate rules to implement or enforce the provisions  
14 of this amendatory Act of the 95th General Assembly. If,  
15 however, the Governor believes that rules are necessary to  
16 implement or enforce the provisions of this amendatory Act of  
17 the 95th General Assembly, the Governor may suggest rules to  
18 the General Assembly by filing them with the Clerk of the House  
19 and the Secretary of the Senate and by requesting that the  
20 General Assembly authorize such rulemaking by law, enact those  
21 suggested rules into law, or take any other appropriate action  
22 in the General Assembly's discretion. Nothing contained in this  
23 amendatory Act of the 95th General Assembly shall be  
24 interpreted to grant rulemaking authority under any other  
25 Illinois statute where such authority is not otherwise  
26 explicitly given. For the purposes of this amendatory Act of

1 the 95th General Assembly, "rules" is given the meaning  
2 contained in Section 1-70 of the Illinois Administrative  
3 Procedure Act, and "agency" and "agency head" are given the  
4 meanings contained in Sections 1-20 and 1-25 of the Illinois  
5 Administrative Procedure Act to the extent that such  
6 definitions apply to agencies or agency heads under the  
7 jurisdiction of the Governor.

8 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07.)

9 Section 15-35. The Voluntary Health Services Plans Act is  
10 amended by changing Section 10 as follows:

11 (215 ILCS 165/10) (from Ch. 32, par. 604)

12 Sec. 10. Application of Insurance Code provisions. Health  
13 services plan corporations and all persons interested therein  
14 or dealing therewith shall be subject to the provisions of  
15 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,  
16 149, 155.37, 354, 355.2, 356g, 356g.5, 356r, 356t, 356u, 356v,  
17 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,  
18 356z.8, 356z.9, 356z.10 ~~356z.9~~, 364.01, 367.2, 368a, 401,  
19 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
20 and (15) of Section 367 of the Illinois Insurance Code.

21 Notwithstanding any other rulemaking authority that may  
22 exist, neither the Governor nor any agency or agency head under  
23 the jurisdiction of the Governor has any authority to make or  
24 promulgate rules to implement or enforce the provisions of this

1 amendatory Act of the 95th General Assembly. If, however, the  
2 Governor believes that rules are necessary to implement or  
3 enforce the provisions of this amendatory Act of the 95th  
4 General Assembly, the Governor may suggest rules to the General  
5 Assembly by filing them with the Clerk of the House and the  
6 Secretary of the Senate and by requesting that the General  
7 Assembly authorize such rulemaking by law, enact those  
8 suggested rules into law, or take any other appropriate action  
9 in the General Assembly's discretion. Nothing contained in this  
10 amendatory Act of the 95th General Assembly shall be  
11 interpreted to grant rulemaking authority under any other  
12 Illinois statute where such authority is not otherwise  
13 explicitly given. For the purposes of this amendatory Act of  
14 the 95th General Assembly, "rules" is given the meaning  
15 contained in Section 1-70 of the Illinois Administrative  
16 Procedure Act, and "agency" and "agency head" are given the  
17 meanings contained in Sections 1-20 and 1-25 of the Illinois  
18 Administrative Procedure Act to the extent that such  
19 definitions apply to agencies or agency heads under the  
20 jurisdiction of the Governor.

21 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;  
22 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.  
23 8-28-07; revised 12-5-07.)

24 Section 99. Effective date. This Act takes effect upon  
25 becoming law.