

1 AN ACT concerning health.

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

16 (Source: P.A. 92-440, eff. 8-17-01; 92-764, eff. 1-1-03;
17 93-102, eff. 1-1-04; 93-853, eff. 1-1-05.)

18 Section 10. The Department of Public Health Powers and
19 Duties Law of the Civil Administrative Code of Illinois is
20 amended by adding Section 2310-617 as follows:

21 (20 ILCS 2310/2310-617 new)

1 Sec. 2310-617. Human papillomavirus vaccine.

2 (a) As used in this Section, "eligible individual" means a
3 female child under the age of 18, who is a resident of Illinois
4 who: (1) is not entitled to receive a human papillomavirus
5 (HPV) vaccination at no cost as a benefit under a plan of
6 health insurance, a managed care plan, or a plan provided by a
7 health maintenance organization, a health services plan
8 corporation, or a similar entity, and (2) meets the
9 requirements established by the Department of Public Health by
10 rule.

11 (b) Subject to appropriation, the Department of Public
12 Health shall establish and administer a program, commencing no
13 later than July 1, 2011, under which any eligible individual
14 shall, upon the eligible individual's request, receive a series
15 of HPV vaccinations as medically indicated, at no cost to the
16 eligible individual.

17 (c) The Department of Public Health shall adopt rules for
18 the administration and operation of the program, including, but
19 not limited to: determination of the HPV vaccine formulation to
20 be administered and the method of administration; eligibility
21 requirements and eligibility determinations; and standards and
22 criteria for acquisition and distribution of the HPV vaccine
23 and related supplies. The Department may enter into contracts
24 or agreements with public or private entities for the
25 performance of such duties under the program as the Department
26 may deem appropriate to carry out this Section and its rules

1 adopted under this Section.

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

4 (55 ILCS 5/5-1069.3)

5 Sec. 5-1069.3. Required health benefits. If a county,
6 including a home rule county, is a self-insurer for purposes of
7 providing health insurance coverage for its employees, the
8 coverage shall include coverage for the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356u, 356w, 356x, ~~and~~ 356z.6, and 356z.9 of the
12 Illinois Insurance Code. The requirement that health benefits
13 be covered as provided in this Section is an exclusive power
14 and function of the State and is a denial and limitation under
15 Article VII, Section 6, subsection (h) of the Illinois
16 Constitution. A home rule county to which this Section applies
17 must comply with every provision of this Section.

18 (Source: P.A. 93-853, eff. 1-1-05.)

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

21 (65 ILCS 5/10-4-2.3)

22 Sec. 10-4-2.3. Required health benefits. If a

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

14 (Source: P.A. 93-853, eff. 1-1-05.)

15 Section 25. The School Code is amended by changing Sections
16 27-8.1 and 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

18 Sec. 10-22.3f. Required health benefits. Insurance
19 protection and benefits for employees shall provide the
20 post-mastectomy care benefits required to be covered by a
21 policy of accident and health insurance under Section 356t and
22 the coverage required under Sections 356u, 356w, 356x, ~~and~~
23 356z.6, and 356z.9 of the Illinois Insurance Code.

24 (Source: P.A. 93-853, eff. 1-1-05.)

1 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

2 Sec. 27-8.1. Health examinations and immunizations.

3 (1) In compliance with rules and regulations which the
4 Department of Public Health shall promulgate, and except as
5 hereinafter provided, all children in Illinois shall have a
6 health examination as follows: within one year prior to
7 entering kindergarten or the first grade of any public,
8 private, or parochial elementary school; upon entering the
9 sixth ~~fifth~~ and ninth grades of any public, private, or
10 parochial school; prior to entrance into any public, private,
11 or parochial nursery school; and, irrespective of grade,
12 immediately prior to or upon entrance into any public, private,
13 or parochial school or nursery school, each child shall present
14 proof of having been examined in accordance with this Section
15 and the rules and regulations promulgated hereunder.

16 A tuberculosis skin test screening shall be included as a
17 required part of each health examination included under this
18 Section if the child resides in an area designated by the
19 Department of Public Health as having a high incidence of
20 tuberculosis. Additional health examinations of pupils,
21 including vision examinations, may be required when deemed
22 necessary by school authorities. Parents are encouraged to have
23 their children undergo vision examinations at the same points
24 in time required for health examinations.

25 (1.5) In compliance with rules adopted by the Department of

1 Public Health and except as otherwise provided in this Section,
2 all children in kindergarten and the second and sixth grades of
3 any public, private, or parochial school shall have a dental
4 examination. Each of these children shall present proof of
5 having been examined by a dentist in accordance with this
6 Section and rules adopted under this Section before May 15th of
7 the school year. If a child in the second or sixth grade fails
8 to present proof by May 15th, the school may hold the child's
9 report card until one of the following occurs: (i) the child
10 presents proof of a completed dental examination or (ii) the
11 child presents proof that a dental examination will take place
12 within 60 days after May 15th. The Department of Public Health
13 shall establish, by rule, a waiver for children who show an
14 undue burden or a lack of access to a dentist. Each public,
15 private, and parochial school must give notice of this dental
16 examination requirement to the parents and guardians of
17 students at least 60 days before May 15th of each school year.

18 (2) The Department of Public Health shall promulgate rules
19 and regulations specifying the examinations and procedures
20 that constitute a health examination, which shall include the
21 collection of data relating to obesity, (including at a
22 minimum, date of birth, gender, height, weight, blood pressure,
23 and date of exam), and a dental examination and may recommend
24 by rule that certain additional examinations be performed. The
25 rules and regulations of the Department of Public Health shall
26 specify that a tuberculosis skin test screening shall be

1 included as a required part of each health examination included
2 under this Section if the child resides in an area designated
3 by the Department of Public Health as having a high incidence
4 of tuberculosis. The Department of Public Health shall specify
5 that a diabetes screening as defined by rule shall be included
6 as a required part of each health examination. Diabetes testing
7 is not required.

8 Physicians licensed to practice medicine in all of its
9 branches, advanced practice nurses who have a written
10 collaborative agreement with a collaborating physician which
11 authorizes them to perform health examinations, or physician
12 assistants who have been delegated the performance of health
13 examinations by their supervising physician shall be
14 responsible for the performance of the health examinations,
15 other than dental examinations and vision and hearing
16 screening, and shall sign all report forms required by
17 subsection (4) of this Section that pertain to those portions
18 of the health examination for which the physician, advanced
19 practice nurse, or physician assistant is responsible. If a
20 registered nurse performs any part of a health examination,
21 then a physician licensed to practice medicine in all of its
22 branches must review and sign all required report forms.
23 Licensed dentists shall perform all dental examinations and
24 shall sign all report forms required by subsection (4) of this
25 Section that pertain to the dental examinations. Physicians
26 licensed to practice medicine in all its branches, or licensed

1 optometrists, shall perform all vision exams required by school
2 authorities and shall sign all report forms required by
3 subsection (4) of this Section that pertain to the vision exam.
4 Vision and hearing screening tests, which shall not be
5 considered examinations as that term is used in this Section,
6 shall be conducted in accordance with rules and regulations of
7 the Department of Public Health, and by individuals whom the
8 Department of Public Health has certified. In these rules and
9 regulations, the Department of Public Health shall require that
10 individuals conducting vision screening tests give a child's
11 parent or guardian written notification, before the vision
12 screening is conducted, that states, "Vision screening is not a
13 substitute for a complete eye and vision evaluation by an eye
14 doctor. Your child is not required to undergo this vision
15 screening if an optometrist or ophthalmologist has completed
16 and signed a report form indicating that an examination has
17 been administered within the previous 12 months."

18 (3) Every child shall, at or about the same time as he or
19 she receives a health examination required by subsection (1) of
20 this Section, present to the local school proof of having
21 received such immunizations against preventable communicable
22 diseases as the Department of Public Health shall require by
23 rules and regulations promulgated pursuant to this Section and
24 the Communicable Disease Prevention Act.

25 (4) The individuals conducting the health examination or
26 dental examination shall record the fact of having conducted

1 the examination, and such additional information as required,
2 including for a health examination data relating to obesity,
3 (including at a minimum, date of birth, gender, height, weight,
4 blood pressure, and date of exam), on uniform forms which the
5 Department of Public Health and the State Board of Education
6 shall prescribe for statewide use. The examiner shall summarize
7 on the report form any condition that he or she suspects
8 indicates a need for special services, including for a health
9 examination factors relating to obesity. The individuals
10 confirming the administration of required immunizations shall
11 record as indicated on the form that the immunizations were
12 administered.

13 (5) If a child does not submit proof of having had either
14 the health examination or the immunization as required, then
15 the child shall be examined or receive the immunization, as the
16 case may be, and present proof by October 15 of the current
17 school year, or by an earlier date of the current school year
18 established by a school district. To establish a date before
19 October 15 of the current school year for the health
20 examination or immunization as required, a school district must
21 give notice of the requirements of this Section 60 days prior
22 to the earlier established date. If for medical reasons one or
23 more of the required immunizations must be given after October
24 15 of the current school year, or after an earlier established
25 date of the current school year, then the child shall present,
26 by October 15, or by the earlier established date, a schedule

1 for the administration of the immunizations and a statement of
2 the medical reasons causing the delay, both the schedule and
3 the statement being issued by the physician, advanced practice
4 nurse, physician assistant, registered nurse, or local health
5 department that will be responsible for administration of the
6 remaining required immunizations. If a child does not comply by
7 October 15, or by the earlier established date of the current
8 school year, with the requirements of this subsection, then the
9 local school authority shall exclude that child from school
10 until such time as the child presents proof of having had the
11 health examination as required and presents proof of having
12 received those required immunizations which are medically
13 possible to receive immediately. During a child's exclusion
14 from school for noncompliance with this subsection, the child's
15 parents or legal guardian shall be considered in violation of
16 Section 26-1 and subject to any penalty imposed by Section
17 26-10. This subsection (5) does not apply to dental
18 examinations.

19 (6) Every school shall report to the State Board of
20 Education by November 15, in the manner which that agency shall
21 require, the number of children who have received the necessary
22 immunizations and the health examination (other than a dental
23 examination) as required, indicating, of those who have not
24 received the immunizations and examination as required, the
25 number of children who are exempt from health examination and
26 immunization requirements on religious or medical grounds as

1 provided in subsection (8). Every school shall report to the
2 State Board of Education by June 30, in the manner that the
3 State Board requires, the number of children who have received
4 the required dental examination, indicating, of those who have
5 not received the required dental examination, the number of
6 children who are exempt from the dental examination on
7 religious grounds as provided in subsection (8) of this Section
8 and the number of children who have received a waiver under
9 subsection (1.5) of this Section. This reported information
10 shall be provided to the Department of Public Health by the
11 State Board of Education.

12 (7) Upon determining that the number of pupils who are
13 required to be in compliance with subsection (5) of this
14 Section is below 90% of the number of pupils enrolled in the
15 school district, 10% of each State aid payment made pursuant to
16 Section 18-8.05 to the school district for such year shall be
17 withheld by the regional superintendent until the number of
18 students in compliance with subsection (5) is the applicable
19 specified percentage or higher.

20 (8) Parents or legal guardians who object to health or
21 dental examinations or any part thereof, or to immunizations,
22 on religious grounds shall not be required to submit their
23 children or wards to the examinations or immunizations to which
24 they so object if such parents or legal guardians present to
25 the appropriate local school authority a signed statement of
26 objection, detailing the grounds for the objection. If the

1 physical condition of the child is such that any one or more of
2 the immunizing agents should not be administered, the examining
3 physician, advanced practice nurse, or physician assistant
4 responsible for the performance of the health examination shall
5 endorse that fact upon the health examination form. Exempting a
6 child from the health or dental examination does not exempt the
7 child from participation in the program of physical education
8 training provided in Sections 27-5 through 27-7 of this Code.

9 (9) For the purposes of this Section, "nursery schools"
10 means those nursery schools operated by elementary school
11 systems or secondary level school units or institutions of
12 higher learning.

13 (Source: P.A. 92-703, eff. 7-19-02; 93-504, eff. 1-1-04;
14 93-530, eff. 1-1-04; 93-946, eff. 7-1-05; 93-966, eff. 1-1-05;
15 revised 12-1-05.)

16 Section 30. The Illinois Insurance Code is amended by
17 adding Section 356z.9 as follows:

18 (215 ILCS 5/356z.9 new)

19 Sec. 356z.9. Human papillomavirus vaccine. A group or
20 individual policy of accident and health insurance or managed
21 care plan amended, delivered, issued, or renewed after the
22 effective date of this amendatory Act of the 95th General
23 Assembly must provide coverage for a human papillomavirus
24 vaccine (HPV) that is approved for marketing by the federal

1 Food and Drug Administration.

2 Section 35. The Health Maintenance Organization Act is
3 amended by changing Section 5-3 as follows:

4 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

5 Sec. 5-3. Insurance Code provisions.

6 (a) Health Maintenance Organizations shall be subject to
7 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
8 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
9 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
10 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 364.01,
11 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,
12 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
13 paragraph (c) of subsection (2) of Section 367, and Articles
14 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
15 the Illinois Insurance Code.

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

1 state, 30% or more of the enrollees of which are residents
2 of this State, except a corporation subject to
3 substantially the same requirements in its state of
4 organization as is a "domestic company" under Article VIII
5 1/2 of the Illinois Insurance Code.

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

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

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

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

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

26 (B) pro forma financial statements reflecting the

1 combined balance sheets of the acquiring company and
2 the Health Maintenance Organization sought to be
3 acquired as of the end of the preceding year and as of
4 a date 90 days prior to the acquisition, as well as pro
5 forma financial statements reflecting projected
6 combined operation for a period of 2 years;

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

11 (D) such other information as the Director shall
12 require.

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

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

1 effect of the management contract or service agreement on
2 competition.

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

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

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

1 the group or enrollment unit may agree that the profitable
2 or unprofitable experience may be calculated taking into
3 account the refund period and the immediately preceding 2
4 plan years.

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

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

21 (Source: P.A. 93-102, eff. 1-1-04; 93-261, eff. 1-1-04; 93-477,
22 eff. 8-8-03; 93-529, eff. 8-14-03; 93-853, eff. 1-1-05;
23 93-1000, eff. 1-1-05; 94-906, eff. 1-1-07; 94-1076, eff.
24 12-29-06; revised 1-5-07.)

25 Section 40. The Voluntary Health Services Plans Act is

1 amended by changing Section 10 as follows:

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

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

12 (Source: P.A. 93-102, eff. 1-1-04; 93-529, eff. 8-14-03;
13 93-853, eff. 1-1-05; 93-1000, eff. 1-1-05; 94-1076, eff.
14 12-29-06.)

15 Section 45. The Communicable Disease Prevention Act is
16 amended by adding Section 2e as follows:

17 (410 ILCS 315/2e new)

18 Sec. 2e. Cervical cancer prevention.

19 (a) Notwithstanding the provisions of Section 2 of this
20 Act, beginning August 1, 2007, the Department of Public Health
21 must provide all female students who are entering sixth grade
22 and their parents or legal guardians written information about
23 the link between human papillomavirus (HPV) and cervical cancer

1 and the availability of a HPV vaccine.

2 (b) The Director of Public Health shall prescribe the
3 content of the information required in subsection (a) of this
4 Section.

5 (c) In order to provide for the expeditious and timely
6 implementation of the provisions of this amendatory Act of the
7 95th General Assembly, the Department of Public Health shall
8 adopt emergency rules in accordance with Section 5-45 of the
9 Illinois Administrative Procedure Act to the extent necessary
10 to administer the Department's responsibilities under this
11 amendatory Act of the 95th General Assembly. The adoption of
12 emergency rules authorized by this subsection (c) is deemed to
13 be necessary for the public interest, safety, and welfare.

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