



Rep. Mary E. Flowers

Filed: 3/11/2009

09600HB0626ham001

LRB096 03247 RPM 23547 a

1 AMENDMENT TO HOUSE BILL 626

2 AMENDMENT NO. _____. Amend House Bill 626 by replacing
3 everything after the enacting clause with the following:

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 (Text of Section before amendment by P.A. 95-958)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g.5,
14 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,
15 356z.13 ~~356z.11~~, ~~and~~ 356z.14, 356z.15, and 356z.16 of the
16 Illinois Insurance Code. The program of health benefits must

1 comply with Section 155.37 of the Illinois Insurance Code.

2 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
3 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
4 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

5 (Text of Section after amendment by P.A. 95-958)

6 Sec. 6.11. Required health benefits; Illinois Insurance
7 Code requirements. The program of health benefits shall provide
8 the post-mastectomy care benefits required to be covered by a
9 policy of accident and health insurance under Section 356t of
10 the Illinois Insurance Code. The program of health benefits
11 shall provide the coverage required under Sections 356g.5,
12 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,
13 356z.11, ~~and 356z.12,~~ 356z.13 ~~356z.11,~~ ~~and 356z.14,~~ 356z.15,
14 and 356z.16 of the Illinois Insurance Code. The program of
15 health benefits must comply with Section 155.37 of the Illinois
16 Insurance Code.

17 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
18 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
19 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
20 12-15-08.)

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

23 (55 ILCS 5/5-1069.3)

1 (Text of Section before amendment by P.A. 95-958)

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

16 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
17 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
18 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

19 (Text of Section after amendment by P.A. 95-958)

20 Sec. 5-1069.3. Required health benefits. If a county,
21 including a home rule county, is a self-insurer for purposes of
22 providing health insurance coverage for its employees, the
23 coverage shall include coverage for the post-mastectomy care
24 benefits required to be covered by a policy of accident and
25 health insurance under Section 356t and the coverage required

1 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
2 356z.10, 356z.11, ~~and 356z.12, 356z.13~~ 356z.11, and 356z.14,
3 356z.15, and 356z.16 of the Illinois Insurance Code. The
4 requirement that health benefits be covered as provided in this
5 Section is an exclusive power and function of the State and is
6 a denial and limitation under Article VII, Section 6,
7 subsection (h) of the Illinois Constitution. A home rule county
8 to which this Section applies must comply with every provision
9 of this Section.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
11 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
12 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
13 12-15-08.)

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

16 (65 ILCS 5/10-4-2.3)

17 (Text of Section before amendment by P.A. 95-958)

18 Sec. 10-4-2.3. Required health benefits. If a
19 municipality, including a home rule municipality, is a
20 self-insurer for purposes of providing health insurance
21 coverage for its employees, the coverage shall include coverage
22 for the post-mastectomy care benefits required to be covered by
23 a policy of accident and health insurance under Section 356t
24 and the coverage required under Sections 356g.5, 356u, 356w,

1 356x, 356z.6, 356z.9, 356z.10, 356z.13 ~~356z.11~~, and 356z.14,
2 356z.15, and 356z.16 of the Illinois Insurance Code. The
3 requirement that health benefits be covered as provided in this
4 is an exclusive power and function of the State and is a denial
5 and limitation under Article VII, Section 6, subsection (h) of
6 the Illinois Constitution. A home rule municipality to which
7 this Section applies must comply with every provision of this
8 Section.

9 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
10 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
11 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

12 (Text of Section after amendment by P.A. 95-958)

13 Sec. 10-4-2.3. Required health benefits. If a
14 municipality, including a home rule municipality, is a
15 self-insurer for purposes of providing health insurance
16 coverage for its employees, the coverage shall include coverage
17 for the post-mastectomy care benefits required to be covered by
18 a policy of accident and health insurance under Section 356t
19 and the coverage required under Sections 356g.5, 356u, 356w,
20 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, 356z.13
21 ~~356z.11~~, and 356z.14, 356z.15, and 356z.16 of the Illinois
22 Insurance Code. The requirement that health benefits be covered
23 as provided in this is an exclusive power and function of the
24 State and is a denial and limitation under Article VII, Section
25 6, subsection (h) of the Illinois Constitution. A home rule

1 municipality to which this Section applies must comply with
2 every provision of this Section.

3 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
4 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
5 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
6 12-15-08.)

7 Section 20. The School Code is amended by changing Section
8 10-22.3f as follows:

9 (105 ILCS 5/10-22.3f)

10 (Text of Section before amendment by P.A. 95-958)

11 Sec. 10-22.3f. Required health benefits. Insurance
12 protection and benefits for employees shall provide the
13 post-mastectomy care benefits required to be covered by a
14 policy of accident and health insurance under Section 356t and
15 the coverage required under Sections 356g.5, 356u, 356w, 356x,
16 356z.6, 356z.9, 356z.13 ~~and 356z.11, and~~ 356z.14, 356z.15, and
17 356z.16 of the Illinois Insurance Code.

18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
19 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff.
20 12-12-08; revised 12-15-08.)

21 (Text of Section after amendment by P.A. 95-958)

22 Sec. 10-22.3f. Required health benefits. Insurance
23 protection and benefits for employees shall provide the

1 post-mastectomy care benefits required to be covered by a
2 policy of accident and health insurance under Section 356t and
3 the coverage required under Sections 356g.5, 356u, 356w, 356x,
4 356z.6, 356z.9, 356z.11, ~~and 356z.12, 356z.13 and ~~356z.11~~, and~~
5 356z.14, 356z.15, and 356z.16 of the Illinois Insurance Code.

6 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
7 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
8 95-1005, 12-12-08; revised 12-15-08.)

9 Section 25. The Illinois Insurance Code is amended by
10 adding Sections 356z.15 and 356z.16 as follows:

11 (215 ILCS 5/356z.15 new)

12 Sec. 356z.15. Intravenous feeding. A group or individual
13 policy of accident and health insurance or managed care plan
14 amended, delivered, issued, or renewed after the effective date
15 of this amendatory Act of the 96th General Assembly must
16 provide coverage for intravenous feeding. The benefits under
17 this Section shall be at least as favorable as for other
18 coverages under the policy and may be subject to the same
19 dollar amount limits, deductibles, and co-insurance
20 requirements applicable generally to other coverages under the
21 policy.

22 (215 ILCS 5/356z.16 new)

23 Sec. 356z.16. Prescription nutritional supplements. A

1 group or individual policy of accident and health insurance or
2 managed care plan amended, delivered, issued, or renewed after
3 the effective date of this amendatory Act of the 96th General
4 Assembly that provides coverage for prescription drugs must
5 provide coverage for reimbursement for medically appropriate
6 prescription nutritional supplements when ordered by a
7 physician licensed to practice medicine in all its branches and
8 the insured suffers from a condition that prevents him or her
9 from taking sufficient oral nourishment to sustain life.

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

12 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

13 (Text of Section before amendment by P.A. 95-958)

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to
16 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
17 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
18 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
19 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
20 356z.13 ~~356z.11~~, 356z.14, 356z.15, 356z.16, 364.01, 367.2,
21 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1,
22 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph
23 (c) of subsection (2) of Section 367, and Articles IIA, VIII
24 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the

1 Illinois Insurance Code.

2 (b) For purposes of the Illinois Insurance Code, except for
3 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
4 Maintenance Organizations in the following categories are
5 deemed to be "domestic companies":

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

8 (2) a corporation organized under the laws of this
9 State; or

10 (3) a corporation organized under the laws of another
11 state, 30% or more of the enrollees of which are residents
12 of this State, except a corporation subject to
13 substantially the same requirements in its state of
14 organization as is a "domestic company" under Article VIII
15 1/2 of the Illinois Insurance Code.

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

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

24 (2) (i) the criteria specified in subsection (1)(b) of
25 Section 131.8 of the Illinois Insurance Code shall not
26 apply and (ii) the Director, in making his determination

1 with respect to the merger, consolidation, or other
2 acquisition of control, need not take into account the
3 effect on competition of the merger, consolidation, or
4 other acquisition of control;

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

7 (A) certification by an independent actuary of the
8 adequacy of the reserves of the Health Maintenance
9 Organization sought to be acquired;

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

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

21 (D) such other information as the Director shall
22 require.

23 (d) The provisions of Article VIII 1/2 of the Illinois
24 Insurance Code and this Section 5-3 shall apply to the sale by
25 any health maintenance organization of greater than 10% of its
26 enrollee population (including without limitation the health

1 maintenance organization's right, title, and interest in and to
2 its health care certificates).

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

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

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

26 (ii) the amount of the refund or additional premium

1 shall not exceed 20% of the Health Maintenance
2 Organization's profitable or unprofitable experience with
3 respect to the group or other enrollment unit for the
4 period (and, for purposes of a refund or additional
5 premium, the profitable or unprofitable experience shall
6 be calculated taking into account a pro rata share of the
7 Health Maintenance Organization's administrative and
8 marketing expenses, but shall not include any refund to be
9 made or additional premium to be paid pursuant to this
10 subsection (f)). The Health Maintenance Organization and
11 the group or enrollment unit may agree that the profitable
12 or unprofitable experience may be calculated taking into
13 account the refund period and the immediately preceding 2
14 plan years.

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

1 In no event shall the Illinois Health Maintenance
2 Organization Guaranty Association be liable to pay any
3 contractual obligation of an insolvent organization to pay any
4 refund authorized under this Section.

5 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
6 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
7 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
8 12-15-08.)

9 (Text of Section after amendment by P.A. 95-958)

10 Sec. 5-3. Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
13 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
14 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
15 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
16 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 356z.16,
17 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
18 370c, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444,
19 and 444.1, paragraph (c) of subsection (2) of Section 367, and
20 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
21 XXVI of the Illinois Insurance Code.

22 (b) For purposes of the Illinois Insurance Code, except for
23 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
24 Maintenance Organizations in the following categories are
25 deemed to be "domestic companies":

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

3 (2) a corporation organized under the laws of this
4 State; or

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

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

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

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

26 (3) the Director shall have the power to require the

1 following information:

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

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

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

16 (D) such other information as the Director shall
17 require.

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

24 (e) In considering any management contract or service
25 agreement subject to Section 141.1 of the Illinois Insurance
26 Code, the Director (i) shall, in addition to the criteria

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

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

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

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

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

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

22 In no event shall the Illinois Health Maintenance
23 Organization Guaranty Association be liable to pay any
24 contractual obligation of an insolvent organization to pay any
25 refund authorized under this Section.

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; 95-876, eff.
2 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005,
3 eff. 12-12-08; revised 12-15-08.)

4 Section 35. The Voluntary Health Services Plans Act is
5 amended by changing Section 10 as follows:

6 (215 ILCS 165/10) (from Ch. 32, par. 604)

7 (Text of Section before amendment by P.A. 95-958)

8 Sec. 10. Application of Insurance Code provisions. Health
9 services plan corporations and all persons interested therein
10 or dealing therewith shall be subject to the provisions of
11 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
12 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w,
13 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8,
14 356z.9, 356z.10, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 356z.16,
15 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
16 and 412, and paragraphs (7) and (15) of Section 367 of the
17 Illinois Insurance Code.

18 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
19 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
20 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005,
21 eff. 12-12-08; revised 12-15-08.)

22 (Text of Section after amendment by P.A. 95-958)

23 Sec. 10. Application of Insurance Code provisions. Health

1 services plan corporations and all persons interested therein
2 or dealing therewith shall be subject to the provisions of
3 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
4 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w,
5 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8,
6 356z.9, 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14,
7 356z.15, 356z.16, 364.01, 367.2, 368a, 401, 401.1, 402, 403,
8 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of
9 Section 367 of the Illinois Insurance Code.

10 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
11 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
12 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
13 eff. 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

14 Section 90. The State Mandates Act is amended by adding
15 Section 8.33 as follows:

16 (30 ILCS 805/8.33 new)

17 Sec. 8.33. Exempt mandate. Notwithstanding Sections 6 and 8
18 of this Act, no reimbursement by the State is required for the
19 implementation of any mandate created by this amendatory Act of
20 the 96th General Assembly.

21 Section 95. No acceleration or delay. Where this Act makes
22 changes in a statute that is represented in this Act by text
23 that is not yet or no longer in effect (for example, a Section

1 represented by multiple versions), the use of that text does
2 not accelerate or delay the taking effect of (i) the changes
3 made by this Act or (ii) provisions derived from any other
4 Public Act."