



97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB1727

by Rep. Rosemary Mulligan

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.19 new

215 ILCS 125/5-3

215 ILCS 165/10

from Ch. 111 1/2, par. 1411.2

from Ch. 32, par. 604

Amends the Illinois Insurance Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act. Provides that group and individual policies of accident and health insurance and managed care plans must provide coverage for (1) operations to implant cochlear implants and post-treatment services for children identified within one year of birth as being deaf or hearing impaired and (2) audiological services and hearing aids for children up to 18 years of age. Makes other changes.

LRB097 07860 RPM 47974 b

1 AN ACT concerning insurance.

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

4 Section 5. The Illinois Insurance Code is amended by adding
5 Section 356z.19 as follows:

6 (215 ILCS 5/356z.19 new)

7 Sec. 356z.19. Cochlear implants; audiological services.

8 (a) A group or individual policy of accident and health
9 insurance or managed care plan amended, delivered, issued, or
10 renewed after the effective date of this amendatory Act of the
11 97th General Assembly must provide coverage for an operation,
12 either monaurally or binaurally, to implant cochlear implants
13 and cochlear devices, including all internal and external
14 components, and provide post-treatment services, including,
15 but not limited to, programming, troubleshooting, repairs,
16 replacement components, such as external speech processors,
17 microphones, coils, headsets, cables, and batteries, FM
18 systems, auditory training, aural rehabilitation, and speech
19 therapy for children identified by 18 years of age as having
20 hearing impairment to the degree that they would benefit from
21 implantation. These services must be provided by a
22 speech-language pathologist, audiologist, or physician
23 licensed to practice in this State.

1 (b) A group or individual policy of accident and health
2 insurance or managed care plan amended, delivered, issued, or
3 renewed after the effective date of this amendatory Act of the
4 97th General Assembly must provide coverage for audiological
5 services and hearing aids for children up to 18 years of age.
6 This coverage shall only apply to hearing aids that are
7 prescribed, filled, and dispensed by a licensed audiologist. A
8 policy or plan may limit the hearing aid benefit payable for
9 each hearing-impaired ear to every 38 months. A policy or plan
10 may provide for up to 4 additional ear molds per year for
11 children up to 2 years of age. An individual may choose a
12 hearing aid that is priced higher than the benefit payable and
13 may pay the difference between the price of the hearing aid and
14 the benefit payable without financial penalty to the insurer or
15 provider of the hearing aid.

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

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

19 Sec. 5-3. Insurance Code provisions.

20 (a) Health Maintenance Organizations shall be subject to
21 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
22 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
23 154.6, 154.7, 154.8, 155.04, 355.2, 356g.5-1, 356m, 356v, 356w,
24 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,

1 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
2 356z.18, 356z.19, 364.01, 367.2, 367.2-5, 367i, 368a, 368b,
3 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408, 408.2,
4 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of
5 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
6 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

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

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

13 (2) a corporation organized under the laws of this
14 State; or

15 (3) a corporation organized under the laws of another
16 state, 30% or more of the enrollees of which are residents
17 of this State, except a corporation subject to
18 substantially the same requirements in its state of
19 organization as is a "domestic company" under Article VIII
20 1/2 of the Illinois Insurance Code.

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

24 (1) the Director shall give primary consideration to
25 the continuation of benefits to enrollees and the financial
26 conditions of the acquired Health Maintenance Organization

1 after the merger, consolidation, or other acquisition of
2 control takes effect;

3 (2) (i) the criteria specified in subsection (1) (b) of
4 Section 131.8 of the Illinois Insurance Code shall not
5 apply and (ii) the Director, in making his determination
6 with respect to the merger, consolidation, or other
7 acquisition of control, need not take into account the
8 effect on competition of the merger, consolidation, or
9 other acquisition of control;

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

12 (A) certification by an independent actuary of the
13 adequacy of the reserves of the Health Maintenance
14 Organization sought to be acquired;

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

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

26 (D) such other information as the Director shall

1 require.

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

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

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

25 (i) the amount of, and other terms and conditions with
26 respect to, the refund or additional premium are set forth

1 in the group or enrollment unit contract agreed in advance
2 of the period for which a refund is to be paid or
3 additional premium is to be charged (which period shall not
4 be less than one year); and

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

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

1 unit and the resulting refund to the group or enrollment unit
2 or (2) the Health Maintenance Organization's unprofitable
3 experience with respect to the group or enrollment unit and the
4 resulting additional premium to be paid by the group or
5 enrollment unit.

6 In no event shall the Illinois Health Maintenance
7 Organization Guaranty Association be liable to pay any
8 contractual obligation of an insolvent organization to pay any
9 refund authorized under this Section.

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

16 (Source: P.A. 95-422, eff. 8-24-07; 95-520, eff. 8-28-07;
17 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
18 95-1005, eff. 12-12-08; 95-1045, eff. 3-27-09; 95-1049, eff.
19 1-1-10; 96-328, eff. 8-11-09; 96-639, eff. 1-1-10; 96-833, eff.
20 6-1-10; 96-1000, eff. 7-2-10.)

21 Section 15. The Voluntary Health Services Plans Act is
22 amended by changing Section 10 as follows:

23 (215 ILCS 165/10) (from Ch. 32, par. 604)

24 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, 356g.5, 356g.5-1, 356r, 356t,
5 356u, 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5,
6 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
7 356z.14, 356z.15, 356z.18, 356z.19, 364.01, 367.2, 368a, 401,
8 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
9 and (15) of Section 367 of the Illinois Insurance Code.

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

16 (Source: P.A. 95-189, eff. 8-16-07; 95-331, eff. 8-21-07;
17 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
18 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005,
19 eff. 12-12-08; 95-1045, eff. 3-27-09; 95-1049, eff. 1-1-10;
20 96-328, eff. 8-11-09; 96-833, eff. 6-1-10; 96-1000, eff.
21 7-2-10.)