98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

HB2933

by Rep. JoAnn D. Osmond

SYNOPSIS AS INTRODUCED:

215 ILCS 122/5-23 new 215 ILCS 105/16 new 215 ILCS 105/17 new

Amends the Illinois Health Benefits Exchange Law. Provides that except as otherwise provided in the provision concerning the dissolution of the Comprehensive Health Insurance Plan, the insurance operations of the Comprehensive Health Insurance Plan (the Plan) authorized by the Comprehensive Health Insurance Plan Act shall cease on January 1, 2014 (and makes conforming changes in the Comprehensive Health Insurance Plan Act). Sets forth provisions concerning service provided after January 1, 2014, grievances, balance billing, the plan of dissolution, actions by or against the Plan Board, and General Revenue Fund funds and insurer assessments in the Plan on the date of final dissolution. Provides for the repeal of the Comprehensive Health Insurance Plan Act on January 1, 2015. Effective immediately.

LRB098 09528 RPM 39671 b

FISCAL NOTE ACT MAY APPLY

A BILL FOR

HB2933

1

AN ACT concerning regulation.

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

Section 5. The Illinois Health Benefits Exchange Law is
amended by adding Section 5-23 as follows:

6 (215 ILCS 122/5-23 new)

Sec. 5-23. Dissolution of Comprehensive Health Insurance
Plan.
(a) Except as otherwise provided in this Section, the

10 <u>insurance operations of the Comprehensive Health Insurance</u> 11 <u>Plan (the Plan) authorized by the Comprehensive Health</u> 12 Insurance Plan Act shall cease on January 1, 2014.

13 (b) Coverage under the Plan does not apply to service 14 provided on or after January 1, 2014.

15 (c) A claim for payment under the Plan must be submitted 16 within 60 days after January 1, 2014 and paid within 60 days 17 after receipt.

18 (d) Any grievance shall be resolved by the Plan Board not 19 later than 90 days after January 1, 2014. In this Section, 20 "Plan Board" means the Illinois Comprehensive Health Insurance 21 Board.

22 <u>(e) Balance billing under this Section by a health care</u> 23 provider that is not a member of the provider network

НВ2933	- 2 -	LRB098 09528 RPM 39671 b

1	arrangement used by the Plan is prohibited.		
2	(f) The Plan Board shall, not later than June 30, 2013,		
3	submit to the Director of Insurance a plan of dissolution,		
4	which must provide for, but not be limited to, the following:		
5	(1) Continuity of care for an individual who is covered		
6	under the Plan and is an inpatient on January 1, 2014.		
7	(2) A final accounting of assessments.		
8	(3) Resolution of any net asset deficiency.		
9	(4) Cessation of all liability of the Plan.		
10	(5) Final dissolution of the Plan.		
11	(g) The plan of dissolution may provide that, with the		
12	approval of the Plan Board and the Director, a power or duty of		
13	13 the association may be delegated to a person that is to perform		
14	functions similar to the functions of the Plan.		
15	(h) The Director shall, after notice and hearing, approve a		
16	plan of dissolution submitted under subsection (f) of this		
17	17 <u>Section if the Director determines that the plan of dissolution</u>		
18	B is suitable to ensure the fair, reasonable, and equitable		
19	dissolution of the Plan and complies with subsection (f) of		
20	0 <u>this Section.</u>		
21	(i) A plan of dissolution submitted under subsection (f) of		
22	this Section is effective upon the written approval of the		
23	23 <u>Director.</u>		
24	(j) An action by or against the Plan must be filed not more		
25	than one year after January 1, 2014.		
26	(k) General Revenue Fund funds remaining in the Plan on the		

HB2933	- 3 -	LRB098 09528 RPM 39671 b

<u>date on which final dissolution of the Plan occurs must be</u>
 transferred back into the General Revenue Fund.

3 <u>(1) Insurer assessments remaining in the Plan on the date</u> 4 <u>on which dissolution of the Plan occurs must be returned to</u> 5 <u>insurers based on subsection e of Section 12 of the</u> 6 Comprehensive Health Insurance Plan Act.

7 <u>(m) The Plan, or the person or entity to which the Plan</u> 8 <u>delegates powers under subsection (g) of this Section, may</u> 9 <u>implement this Section in accordance with the plan of</u> 10 <u>dissolution approved by the Director under subsection (h) of</u> 11 this Section.

Section 10. The Comprehensive Health Insurance Plan Act is amended by adding Sections 16 and 17 as follows:

14 (215 ILCS 105/16 new) 15 Sec. 16. Cessation of operations. Notwithstanding any other provision of this Act, the insurance operations of the 16 17 Plan authorized by this Act shall cease on January 1, 2014 in accordance with Section 5-23 of the Illinois Health Benefits 18 19 Exchange Law. Plan coverage does not apply to service provided on or after January 1, 2014 in accordance with Section 5-23 of 20 21 the Illinois Health Benefits Exchange Law.

(215 ILCS 105/17 new)
Sec. 17. Repealer. This Act is repealed on January 1, 2015.

HB2933 - 4 - LRB098 09528 RPM 39671 b

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