

98TH GENERAL ASSEMBLY State of Illinois 2013 and 2014 SB1716

Introduced 2/15/2013, by Sen. William R. Haine

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 09527 RPM 39670 b

FISCAL NOTE ACT

1 AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, 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)
- 7 <u>Sec. 5-23. Dissolution of Comprehensive Health Insurance</u>
- 8 Plan.
- 9 (a) Except as otherwise provided in this Section, the
- 10 <u>insurance operations of the Comprehensive Health Insurance</u>
- 11 Plan (the Plan) authorized by the Comprehensive Health
- 12 <u>Insurance Plan Act shall cease on January 1, 2014.</u>
- (b) Coverage under the Plan does not apply to service
- 14 provided on or after January 1, 2014.
- (c) A claim for payment under the Plan must be submitted
- within 60 days after January 1, 2014 and paid within 60 days
- 17 <u>after receipt.</u>
- 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.
- (e) Balance billing under this Section by a health care
- 23 provider that is not a member of the provider network

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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	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	Section if the Director determines that the plan of dissolution
18	is suitable to ensure the fair, reasonable, and equitable
19	dissolution of the Plan and complies with subsection (f) of
20	this Section.
21	(i) A plan of dissolution submitted under subsection (f) of
22	this Section is effective upon the written approval of the
23	Director.
24	(j) An action by or against the Plan must be filed not more
25	than one year after January 1, 2014.

(k) General Revenue Fund funds remaining in the Plan on the

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- date on which final dissolution of the Plan occurs must be
- 2 <u>transferred back into the General Revenue Fund.</u>
- 3 (1) Insurer assessments remaining in the Plan on the date
- 4 on which dissolution of the Plan occurs must be returned to
- 5 <u>insurers based on subsection e of Section 12 of the</u>
- 6 Comprehensive Health Insurance Plan Act.
- 7 (m) The Plan, or the person or entity to which the Plan
- 8 delegates powers under subsection (g) of this Section, may
- 9 implement this Section in accordance with the plan of
- 10 dissolution approved by the Director under subsection (h) of
- 11 this Section.
- 12 Section 10. The Comprehensive Health Insurance Plan Act is
- amended by adding Sections 16 and 17 as follows:
- 14 (215 ILCS 105/16 new)
- Sec. 16. Cessation of operations. Notwithstanding any
- other provision of this Act, the insurance operations of the
- 17 Plan authorized by this Act shall cease on January 1, 2014 in
- 18 accordance with Section 5-23 of the Illinois Health Benefits
- 19 Exchange Law. Plan coverage does not apply to service provided
- on or after January 1, 2014 in accordance with Section 5-23 of
- 21 the Illinois Health Benefits Exchange Law.
- 22 (215 ILCS 105/17 new)
- Sec. 17. Repealer. This Act is repealed on January 1, 2015.

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