



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB4876

Introduced 2/18/2020, by Rep. Diane Pappas

SYNOPSIS AS INTRODUCED:

55 ILCS 5/5-1069.3

65 ILCS 5/10-4-2.3

215 ILCS 5/356z.43 new

215 ILCS 125/5-3

from Ch. 111 1/2, par. 1411.2

Amends the Illinois Insurance Code to require a group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2021 to provide coverage for a colonoscopy that is a follow-up exam based on an initial screen where the colonoscopy was determined to be medically necessary by a physician licensed to practice medicine in all its branches, an advanced practice registered nurse, or a physician assistant. Provides that a group insurance policy shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on colonoscopy coverage, except to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account under the Internal Revenue Code. Makes conforming changes in the Counties Code, the Illinois Municipal Code, and the Health Maintenance Organization Act. Effective January 1, 2021.

LRB101 17472 BMS 66882 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

1 AN ACT concerning regulation.

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

4 Section 5. The Counties Code is amended by changing Section
5 5-1069.3 as follows:

6 (55 ILCS 5/5-1069.3)

7 (Text of Section before amendment by P.A. 101-625)

8 Sec. 5-1069.3. Required health benefits. If a county,
9 including a home rule county, is a self-insurer for purposes of
10 providing health insurance coverage for its employees, the
11 coverage shall include coverage for the post-mastectomy care
12 benefits required to be covered by a policy of accident and
13 health insurance under Section 356t and the coverage required
14 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
15 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
16 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
17 356z.30a, ~~and 356z.32, and 356z.33~~, 356z.36, and 356z.43 of the
18 Illinois Insurance Code. The coverage shall comply with
19 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
20 Insurance Code. The Department of Insurance shall enforce the
21 requirements of this Section. The requirement that health
22 benefits be covered as provided in this Section is an exclusive
23 power and function of the State and is a denial and limitation

1 under Article VII, Section 6, subsection (h) of the Illinois
2 Constitution. A home rule county to which this Section applies
3 must comply with every provision of this Section.

4 Rulemaking authority to implement Public Act 95-1045, if
5 any, is conditioned on the rules being adopted in accordance
6 with all provisions of the Illinois Administrative Procedure
7 Act and all rules and procedures of the Joint Committee on
8 Administrative Rules; any purported rule not so adopted, for
9 whatever reason, is unauthorized.

10 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
11 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
12 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
13 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
14 revised 10-16-19.)

15 (Text of Section after amendment by P.A. 101-625)

16 Sec. 5-1069.3. Required health benefits. If a county,
17 including a home rule county, is a self-insurer for purposes of
18 providing health insurance coverage for its employees, the
19 coverage shall include coverage for the post-mastectomy care
20 benefits required to be covered by a policy of accident and
21 health insurance under Section 356t and the coverage required
22 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
23 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
24 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
25 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43

1 of the Illinois Insurance Code. The coverage shall comply with
2 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
3 Insurance Code. The Department of Insurance shall enforce the
4 requirements of this Section. The requirement that health
5 benefits be covered as provided in this Section is an exclusive
6 power and function of the State and is a denial and limitation
7 under Article VII, Section 6, subsection (h) of the Illinois
8 Constitution. A home rule county to which this Section applies
9 must comply with every provision of this Section.

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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
17 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
18 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
19 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
20 101-625, eff. 1-1-21.)

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

23 (65 ILCS 5/10-4-2.3)

24 (Text of Section before amendment by P.A. 101-625)

1 Sec. 10-4-2.3. Required health benefits. If a
2 municipality, including a home rule municipality, is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, the coverage shall include coverage
5 for the post-mastectomy care benefits required to be covered by
6 a policy of accident and health insurance under Section 356t
7 and the coverage required under Sections 356g, 356g.5,
8 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
9 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
10 356z.26, 356z.29, 356z.30a, ~~and 356z.32, and 356z.33,~~ 356z.36,
11 and 356z.43 of the Illinois Insurance Code. The coverage shall
12 comply with Sections 155.22a, 355b, 356z.19, and 370c of the
13 Illinois Insurance Code. The Department of Insurance shall
14 enforce the requirements of this Section. The requirement that
15 health benefits be covered as provided in this is an exclusive
16 power and function of the State and is a denial and limitation
17 under Article VII, Section 6, subsection (h) of the Illinois
18 Constitution. A home rule municipality to which this Section
19 applies must comply with every provision of this Section.

20 Rulemaking authority to implement Public Act 95-1045, if
21 any, is conditioned on the rules being adopted in accordance
22 with all provisions of the Illinois Administrative Procedure
23 Act and all rules and procedures of the Joint Committee on
24 Administrative Rules; any purported rule not so adopted, for
25 whatever reason, is unauthorized.

26 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;

1 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
2 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
3 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
4 revised 10-16-19.)

5 (Text of Section after amendment by P.A. 101-625)

6 Sec. 10-4-2.3. Required health benefits. If a
7 municipality, including a home rule municipality, is a
8 self-insurer for purposes of providing health insurance
9 coverage for its employees, the coverage shall include coverage
10 for the post-mastectomy care benefits required to be covered by
11 a policy of accident and health insurance under Section 356t
12 and the coverage required under Sections 356g, 356g.5,
13 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
14 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
15 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~
16 356z.41, and 356z.43 of the Illinois Insurance Code. The
17 coverage shall comply with Sections 155.22a, 355b, 356z.19, and
18 370c of the Illinois Insurance Code. The Department of
19 Insurance shall enforce the requirements of this Section. The
20 requirement that health benefits be covered as provided in this
21 is an exclusive power and function of the State and is a denial
22 and limitation under Article VII, Section 6, subsection (h) of
23 the Illinois Constitution. A home rule municipality to which
24 this Section applies must comply with every provision of this
25 Section.

1 Rulemaking authority to implement Public Act 95-1045, if
2 any, is conditioned on the rules being adopted in accordance
3 with all provisions of the Illinois Administrative Procedure
4 Act and all rules and procedures of the Joint Committee on
5 Administrative Rules; any purported rule not so adopted, for
6 whatever reason, is unauthorized.

7 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
8 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
9 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
10 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;
11 101-625, eff. 1-1-21.)

12 Section 15. The Illinois Insurance Code is amended by
13 adding Section 356z.43 as follows:

14 (215 ILCS 5/356z.43 new)

15 Sec. 356z.43. Colonoscopy coverage.

16 (a) A group policy of accident and health insurance that is
17 amended, delivered, issued, or renewed on or after January 1,
18 2021 shall provide coverage for a colonoscopy that is a
19 follow-up exam based on an initial screen where the colonoscopy
20 was determined to be medically necessary by a physician
21 licensed to practice medicine in all its branches, an advanced
22 practice registered nurse, or a physician assistant.

23 (b) A policy subject to this Section shall not impose a
24 deductible, coinsurance, copayment, or any other cost-sharing

1 requirement on the coverage provided; except that this
2 subsection does not apply to coverage of colonoscopies to the
3 extent such coverage would disqualify a high-deductible health
4 plan from eligibility for a health savings account pursuant to
5 Section 223 of the Internal Revenue Code.

6 Section 20. The Health Maintenance Organization Act is
7 amended by changing Section 5-3 as follows:

8 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

9 (Text of Section before amendment by P.A. 101-625)

10 Sec. 5-3. Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
13 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
14 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
15 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
16 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
17 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
18 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
19 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.43, 364,
20 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e,
21 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
22 444, and 444.1, paragraph (c) of subsection (2) of Section 367,
23 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
24 XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

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

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

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

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

23 (2) (i) the criteria specified in subsection (1) (b) of
24 Section 131.8 of the Illinois Insurance Code shall not
25 apply and (ii) the Director, in making his determination
26 with respect to the merger, consolidation, or other

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

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

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

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

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

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

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

1 its health care certificates).

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

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

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

25 (ii) the amount of the refund or additional premium
26 shall not exceed 20% of the Health Maintenance

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

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

26 In no event shall the Illinois Health Maintenance

1 Organization Guaranty Association be liable to pay any
2 contractual obligation of an insolvent organization to pay any
3 refund authorized under this Section.

4 (g) Rulemaking authority to implement Public Act 95-1045,
5 if any, is conditioned on the rules being adopted in accordance
6 with all provisions of the Illinois Administrative Procedure
7 Act and all rules and procedures of the Joint Committee on
8 Administrative Rules; any purported rule not so adopted, for
9 whatever reason, is unauthorized.

10 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
11 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
12 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
13 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
14 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
15 1-1-20; revised 10-16-19.)

16 (Text of Section after amendment by P.A. 101-625)

17 Sec. 5-3. Insurance Code provisions.

18 (a) Health Maintenance Organizations shall be subject to
19 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
20 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
21 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
22 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
23 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
24 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19,
25 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,

1 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,
2 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
3 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
4 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
5 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
6 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois Insurance
7 Code.

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

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

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

16 (3) a corporation organized under the laws of another
17 state, 30% or more of the enrollees of which are residents
18 of this State, except a corporation subject to
19 substantially the same requirements in its state of
20 organization as is a "domestic company" under Article VIII
21 1/2 of the Illinois Insurance Code.

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

25 (1) the Director shall give primary consideration to
26 the continuation of benefits to enrollees and the financial

1 conditions of the acquired Health Maintenance Organization
2 after the merger, consolidation, or other acquisition of
3 control takes effect;

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

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

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

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

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

1 (D) such other information as the Director shall
2 require.

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

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

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

26 (i) the amount of, and other terms and conditions with

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

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

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

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

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

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

17 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
18 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
19 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
20 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
21 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
22 1-1-20; 101-625, eff. 1-1-21.)

23 Section 95. No acceleration or delay. Where this Act makes
24 changes in a statute that is represented in this Act by text
25 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.

5 Section 99. Effective date. This Act takes effect January
6 1, 2021.