



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB2572

Introduced 5/2/2023, by Sen. Cristina Castro

SYNOPSIS AS INTRODUCED:

See Index

Amends the Illinois Insurance Code. In provisions concerning infertility coverage, provides that no group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits may be issued, amended, delivered, or renewed in the State on or after January 1, 2024 unless the policy contains coverage for the diagnosis and treatment of infertility, including procedures necessary to screen or diagnose a fertilized egg before implantation. Provides that coverage for procedures for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if the procedures comply with specified requirements. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide, for individuals 45 years of age and older, coverage for an annual menopause health visit. Provides that a group or individual policy of accident and health insurance providing coverage for more than 25 employees that is amended, delivered, issued, or renewed on or after January 1, 2024 shall provide coverage for all types of injectable medicines prescribed on-label or off-label to improve glucose or weight loss for use by adults diagnosed or previously diagnosed with prediabetes, gestational diabetes, or obesity. Makes other changes. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code. Effective immediately.

LRB103 32124 BMS 61192 b

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 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. 102-768)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall
10 provide the post-mastectomy care benefits required to be
11 covered by a policy of accident and health insurance under
12 Section 356t of the Illinois Insurance Code. The program of
13 health benefits shall provide the coverage required under
14 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
15 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
16 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60,
20 356z.61, and 356z.62 of the Illinois Insurance Code. The
21 program of health benefits must comply with Sections 155.22a,
22 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
23 the Illinois Insurance Code. The Department of Insurance shall

1 enforce the requirements of this Section with respect to
2 Sections 370c and 370c.1 of the Illinois Insurance Code; all
3 other requirements of this Section shall be enforced by the
4 Department of Central Management Services.

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

11 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
12 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
13 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
14 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
15 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
16 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
17 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
18 revised 12-13-22.)

19 (Text of Section after amendment by P.A. 102-768)

20 Sec. 6.11. Required health benefits; Illinois Insurance
21 Code requirements. The program of health benefits shall
22 provide the post-mastectomy care benefits required to be
23 covered by a policy of accident and health insurance under
24 Section 356t of the Illinois Insurance Code. The program of
25 health benefits shall provide the coverage required under

1 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
2 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
5 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
6 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, ~~and~~
7 356z.60, 356z.61, and 356z.62 of the Illinois Insurance Code.
8 The program of health benefits must comply with Sections
9 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article
10 XXXIIB of the Illinois Insurance Code. The Department of
11 Insurance shall enforce the requirements of this Section with
12 respect to Sections 370c and 370c.1 of the Illinois Insurance
13 Code; all other requirements of this Section shall be enforced
14 by the Department of Central Management Services.

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

21 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
22 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
23 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
24 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
26 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,

1 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
2 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

5 (55 ILCS 5/5-1069.3)

6 Sec. 5-1069.3. Required health benefits. If a county,
7 including a home rule county, is a self-insurer for purposes
8 of providing health insurance coverage for its employees, the
9 coverage shall include coverage for the post-mastectomy care
10 benefits required to be covered by a policy of accident and
11 health insurance under Section 356t and the coverage required
12 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w,
13 356x, 356z.4, 356z.4a, 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,
16 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
17 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60,
18 356z.61, and 356z.62 of the Illinois Insurance Code. The
19 coverage shall comply with Sections 155.22a, 355b, 356z.19,
20 and 370c of the Illinois Insurance Code. The Department of
21 Insurance shall enforce the requirements of this Section. The
22 requirement that health benefits be covered as provided in
23 this Section is an exclusive power and function of the State
24 and is a denial and limitation under Article VII, Section 6,

1 subsection (h) of the Illinois Constitution. A home rule
2 county to which this Section applies must comply with every
3 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
11 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
12 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
13 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
14 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
15 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
16 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
17 102-1117, eff. 1-13-23.)

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

20 (65 ILCS 5/10-4-2.3)

21 Sec. 10-4-2.3. Required health benefits. If a
22 municipality, including a home rule municipality, is a
23 self-insurer for purposes of providing health insurance
24 coverage for its employees, the coverage shall include

1 coverage for the post-mastectomy care benefits required to be
2 covered by a policy of accident and health insurance under
3 Section 356t and the coverage required under Sections 356g,
4 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x, 356z.4,
5 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
6 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
7 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
8 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
9 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, 356z.61, and 356z.62
10 of the Illinois Insurance Code. The coverage shall comply with
11 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
12 Insurance Code. The Department of Insurance shall enforce the
13 requirements of this Section. The requirement that health
14 benefits be covered as provided in this is an exclusive power
15 and function of the State and is a denial and limitation under
16 Article VII, Section 6, subsection (h) of the Illinois
17 Constitution. A home rule municipality to which this Section
18 applies must comply with every provision of this Section.

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

25 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
26 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.

1 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
2 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
3 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
4 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
5 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
6 102-1117, eff. 1-13-23.)

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 Sec. 10-22.3f. Required health benefits. Insurance
11 protection and benefits for employees shall provide the
12 post-mastectomy care benefits required to be covered by a
13 policy of accident and health insurance under Section 356t and
14 the coverage required under Sections 356g, 356g.5, 356g.5-1,
15 356m, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
16 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60,
20 356z.61, and 356z.62 of the Illinois Insurance Code. Insurance
21 policies shall comply with Section 356z.19 of the Illinois
22 Insurance Code. The coverage shall comply with Sections
23 155.22a, 355b, and 370c of the Illinois Insurance Code. The
24 Department of Insurance shall enforce the requirements of this

1 Section.

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

8 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
9 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
10 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
11 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
12 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
13 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
14 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

15 Section 25. The Illinois Insurance Code is amended by
16 changing Section 356m and by adding Sections 356z.61 and
17 356z.62 as follows:

18 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

19 Sec. 356m. Infertility coverage.

20 (a) No group policy of accident and health insurance
21 providing coverage for more than 25 employees that provides
22 pregnancy related benefits may be issued, amended, delivered,
23 or renewed in this State after January 1, 2016 and through
24 December 31, 2023 ~~the effective date of this amendatory Act of~~

1 ~~the 99th General Assembly~~ unless the policy contains coverage
2 for the diagnosis and treatment of infertility including, but
3 not limited to, in vitro fertilization, uterine embryo lavage,
4 embryo transfer, artificial insemination, gamete
5 intrafallopian tube transfer, zygote intrafallopian tube
6 transfer, and low tubal ovum transfer.

7 (a-5) No group policy of accident and health insurance
8 providing coverage for more than 25 employees that provides
9 pregnancy related benefits may be issued, amended, delivered,
10 or renewed in this State on or after January 1, 2024 unless the
11 policy contains coverage for the diagnosis and treatment of
12 infertility, including, but not limited to, in vitro
13 fertilization, uterine embryo lavage, embryo transfer,
14 artificial insemination, gamete intrafallopian tube transfer,
15 zygote intrafallopian tube transfer, and low tubal ovum
16 transfer. The coverage required shall include procedures
17 necessary to screen or diagnose a fertilized egg before
18 implantation, including, but not limited to, preimplantation
19 genetic diagnosis, preimplantation genetic screening, and
20 prenatal genetic diagnosis. Coverage for procedures for in
21 vitro fertilization, gamete intrafallopian tube transfer, or
22 zygote intrafallopian tube transfer shall be required only if
23 the procedures:

24 (1) are considered medically appropriate based on
25 clinical guidelines or standards developed by the American
26 Society for Reproductive Medicine, the American College of

1 Obstetricians and Gynecologists, or the Society for
2 Assisted Reproductive Technology; and

3 (2) are performed at medical facilities or clinics
4 that conform to the American College of Obstetricians and
5 Gynecologists guidelines for in vitro fertilization or the
6 American Society for Reproductive Medicine minimum
7 standards for practices offering assisted reproductive
8 technologies.

9 (b) The coverage required under subsection (a) for
10 procedures for in vitro fertilization, gamete intrafallopian
11 tube transfer, or zygote intrafallopian tube transfer shall be
12 required only if is subject to the following conditions:

13 ~~(1) Coverage for procedures for in vitro~~
14 ~~fertilization, gamete intrafallopian tube transfer, or~~
15 ~~zygote intrafallopian tube transfer shall be required only~~
16 ~~if:~~

17 (1) (A) the covered individual has been unable to
18 attain a viable pregnancy, maintain a viable pregnancy, or
19 sustain a successful pregnancy through reasonable, less
20 costly medically appropriate infertility treatments for
21 which coverage is available under the policy, plan, or
22 contract;

23 (2) (B) the covered individual has not undergone 4
24 completed oocyte retrievals, except that if a live birth
25 follows a completed oocyte retrieval, then 2 more
26 completed oocyte retrievals shall be covered; and

1 (3) ~~(C)~~ the procedures are performed at medical
2 facilities that conform to the American College of
3 Obstetric and Gynecology guidelines for in vitro
4 fertilization clinics or to the American Fertility Society
5 minimal standards for programs of in vitro fertilization.

6 ~~(2) The procedures required to be covered under this~~
7 ~~Section are not required to be contained in any policy or~~
8 ~~plan issued to or by a religious institution or~~
9 ~~organization or to or by an entity sponsored by a~~
10 ~~religious institution or organization that finds the~~
11 ~~procedures required to be covered under this Section to~~
12 ~~violate its religious and moral teachings and beliefs.~~

13 (c) As used in this Section, "infertility" means a
14 disease, condition, or status characterized by:

15 (1) a failure to establish a pregnancy or to carry a
16 pregnancy to live birth after 12 months of regular,
17 unprotected sexual intercourse if the woman is 35 years of
18 age or younger, or after 6 months of regular, unprotected
19 sexual intercourse if the woman is over 35 years of age;
20 conceiving but having a miscarriage does not restart the
21 12-month or 6-month term for determining infertility;

22 (2) a person's inability to reproduce either as a
23 single individual or with a partner without medical
24 intervention; or

25 (3) a licensed physician's findings based on a
26 patient's medical, sexual, and reproductive history, age,

1 physical findings, or diagnostic testing.

2 (d) A policy, contract, or certificate may not impose any
3 exclusions, limitations, or other restrictions on coverage of
4 fertility medications that are different from those imposed on
5 any other prescription medications, nor may it impose any
6 exclusions, limitations, or other restrictions on coverage of
7 any fertility services based on a covered individual's
8 participation in fertility services provided by or to a third
9 party, nor may it impose deductibles, copayments, coinsurance,
10 benefit maximums, waiting periods, or any other limitations on
11 coverage for the diagnosis of infertility, treatment for
12 infertility, and standard fertility preservation services,
13 except as provided in this Section, that are different from
14 those imposed upon benefits for services not related to
15 infertility.

16 (e) The procedures required to be covered under this
17 Section are not required to be contained in any policy or plan
18 issued to or by a religious institution or organization or to
19 or by an entity sponsored by a religious institution or
20 organization that finds the procedures required to be covered
21 under this Section to violate its religious and moral
22 teachings and beliefs.

23 (Source: P.A. 102-170, eff. 1-1-22.)

24 (215 ILCS 5/356z.61 new)

25 Sec. 356z.61. Coverage for annual menopause health visit.

1 A group or individual policy of accident and health insurance
2 providing coverage for more than 25 employees that is amended,
3 delivered, issued, or renewed on or after January 1, 2024
4 shall provide, for individuals 45 years of age and older,
5 coverage for an annual menopause health visit. A policy
6 subject to this Section shall not impose a deductible,
7 coinsurance, copayment, or any other cost-sharing requirement
8 on the coverage provided; except that this Section does not
9 apply to this coverage to the extent such coverage would
10 disqualify a high-deductible health plan from eligibility from
11 a health savings account pursuant to Section 223 of the
12 Internal Revenue Code.

13 (215 ILCS 5/356z.62 new)

14 Sec. 356z.62. Coverage for injectable medicines to improve
15 glucose or weight loss. A group or individual policy of
16 accident and health insurance providing coverage for more than
17 25 employees that is amended, delivered, issued, or renewed on
18 or after January 1, 2024 shall provide coverage for all types
19 of injectable medicines prescribed on-label or off-label to
20 improve glucose or weight loss for use by adults diagnosed or
21 previously diagnosed with prediabetes, gestational diabetes,
22 or obesity.

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

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

2 Sec. 5-3. Insurance Code provisions.

3 (a) Health Maintenance Organizations shall be subject to
4 the provisions of Sections 133, 134, 136, 137, 139, 140,
5 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
6 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
7 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
8 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
9 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
10 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
11 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
12 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
13 356z.50, 356z.51, 356z.53 ~~256z.53~~, 356z.54, 356z.56, 356z.57,
14 356z.59, 356z.60, 356z.61, 356z.62, 364, 364.01, 364.3, 367.2,
15 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1,
16 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and
17 444.1, paragraph (c) of subsection (2) of Section 367, and
18 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
19 XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

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

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

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

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

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

24 (3) the Director shall have the power to require the
25 following information:

26 (A) certification by an independent actuary of the

1 adequacy of the reserves of the Health Maintenance
2 Organization sought to be acquired;

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

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

14 (D) such other information as the Director shall
15 require.

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

22 (e) In considering any management contract or service
23 agreement subject to Section 141.1 of the Illinois Insurance
24 Code, the Director (i) shall, in addition to the criteria
25 specified in Section 141.2 of the Illinois Insurance Code,
26 take into account the effect of the management contract or

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

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

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

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

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

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

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

24 (g) Rulemaking authority to implement Public Act 95-1045,
25 if any, is conditioned on the rules being adopted in
26 accordance with all provisions of the Illinois Administrative

1 Procedure Act and all rules and procedures of the Joint
2 Committee on Administrative Rules; any purported rule not so
3 adopted, for whatever reason, is unauthorized.

4 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
5 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
6 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
7 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
9 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
10 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
11 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
12 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
13 eff. 1-1-23; 102-1117, eff. 1-13-23; revised 1-22-23.)

14 Section 35. The Limited Health Service Organization Act is
15 amended by changing Section 4003 as follows:

16 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

17 Sec. 4003. Illinois Insurance Code provisions. Limited
18 health service organizations shall be subject to the
19 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, 155.37, 355.2, 355.3,
22 355b, 356m, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21,
23 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
24 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,

1 356z.57, 356z.59, 356z.61, 356z.62, 364.3, 368a, 401, 401.1,
2 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
3 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
4 XXVI of the Illinois Insurance Code. Nothing in this Section
5 shall require a limited health care plan to cover any service
6 that is not a limited health service. For purposes of the
7 Illinois Insurance Code, except for Sections 444 and 444.1 and
8 Articles XIII and XIII 1/2, limited health service
9 organizations in the following categories are deemed to be
10 domestic companies:

11 (1) a corporation under the laws of this State; or

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

18 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
19 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
20 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
21 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
22 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
23 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

24 Section 40. The Voluntary Health Services Plans Act is
25 amended by changing Section 10 as follows:

1 (215 ILCS 165/10) (from Ch. 32, par. 604)

2 Sec. 10. Application of Insurance Code provisions. Health
3 services plan corporations and all persons interested therein
4 or dealing therewith shall be subject to the provisions of
5 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
6 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
7 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t, 356u, 356v,
8 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
9 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
10 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
11 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
12 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
13 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,
14 364.01, 364.3, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408,
15 408.2, and 412, and paragraphs (7) and (15) of Section 367 of
16 the Illinois Insurance Code.

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

23 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
24 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
25 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,

1 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
2 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
3 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
4 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
5 102-1117, eff. 1-13-23.)

6 Section 45. The Illinois Public Aid Code is amended by
7 changing Section 5-16.8 as follows:

8 (305 ILCS 5/5-16.8)

9 Sec. 5-16.8. Required health benefits. The medical
10 assistance program shall (i) provide the post-mastectomy care
11 benefits required to be covered by a policy of accident and
12 health insurance under Section 356t and the coverage required
13 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
14 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
15 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, ~~and~~ 356z.60, and
16 356z.62 of the Illinois Insurance Code, (ii) be subject to the
17 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
18 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
19 subject to the provisions of subsection (d-5) of Section 10 of
20 the Network Adequacy and Transparency Act.

21 The Department, by rule, shall adopt a model similar to
22 the requirements of Section 356z.39 of the Illinois Insurance
23 Code.

24 On and after July 1, 2012, the Department shall reduce any

1 rate of reimbursement for services or other payments or alter
2 any methodologies authorized by this Code to reduce any rate
3 of reimbursement for services or other payments in accordance
4 with Section 5-5e.

5 To ensure full access to the benefits set forth in this
6 Section, on and after January 1, 2016, the Department shall
7 ensure that provider and hospital reimbursement for
8 post-mastectomy care benefits required under this Section are
9 no lower than the Medicare reimbursement rate.

10 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
11 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
12 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
13 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
14 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
15 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
16 eff. 1-1-23; 102-1117, eff. 1-13-23.)

17 Section 95. No acceleration or delay. Where this Act makes
18 changes in a statute that is represented in this Act by text
19 that is not yet or no longer in effect (for example, a Section
20 represented by multiple versions), the use of that text does
21 not accelerate or delay the taking effect of (i) the changes
22 made by this Act or (ii) provisions derived from any other
23 Public Act.

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

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 375/6.11

4 55 ILCS 5/5-1069.3

5 65 ILCS 5/10-4-2.3

6 105 ILCS 5/10-22.3f

7 215 ILCS 5/356m from Ch. 73, par. 968m

8 215 ILCS 5/356z.61 new

9 215 ILCS 5/356z.62 new

10 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

11 215 ILCS 130/4003 from Ch. 73, par. 1504-3

12 215 ILCS 165/10 from Ch. 32, par. 604

13 305 ILCS 5/5-16.8