



Rep. Nicole La Ha

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1 AMENDMENT TO HOUSE BILL 3677

2 AMENDMENT NO. _____. Amend House Bill 3677 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Complex Rehabilitation Technology Act.

6 Section 5. Definitions. As used in this Act:

7 "Complex manual wheelchair" means a manually driven
8 complex wheelchair that accommodates rehabilitative
9 accessories and features.

10 "Complex power wheelchair" means a power-driven wheelchair
11 that is classified as any of the following: (i) a Group 2 power
12 wheelchair with power options; (ii) a Group 3 power
13 wheelchair; (iii) a Group 4 power wheelchair; or (iv) a Group 5
14 power wheelchair.

15 "Complex rehabilitation technology" means an item that is
16 (i) individually configured for an individual to meet specific

1 and unique medical, physical, and functional needs and
2 capacities for basic activities of daily living and
3 instrumental activities of daily living and (ii) identified as
4 medically necessary. "Complex rehabilitation technology"
5 includes a complex wheelchair.

6 "Complex wheelchair" means a complex manual wheelchair or
7 a complex power wheelchair.

8 "Documentation" means any manual, diagram, reporting
9 output, service code description, schematic diagram, security
10 codes, passwords, or other guidance or information used in
11 effecting the services of diagnosis, maintenance, or repair of
12 a complex wheelchair.

13 "Embedded software" means any programmable instructions
14 provided on firmware delivered with an electronic component of
15 equipment, or with a part for that equipment, for purposes of
16 equipment operation, including all relevant patches and fixes
17 made by the manufacturer of the equipment or part for these
18 purposes.

19 "Firmware" means a software program or set of instructions
20 programmed on equipment, or on a part for that equipment, to
21 allow the equipment or part to communicate within itself or
22 with other computer hardware.

23 "Original equipment manufacturer" means a business engaged
24 in the business of selling, leasing, or otherwise supplying
25 new complex wheelchairs manufactured by, or on behalf of,
26 itself, to any individual or business.

1 "Qualified complex rehabilitation technology
2 professional" means an individual who is certified as an
3 assistive technology professional (ATP) by the Rehabilitation
4 Engineering and Assistive Technology Society of North America
5 (RESNA).

6 "Trade secret" has the meaning given to that term in
7 subsection (d) of Section 2 of the Illinois Trade Secrets Act.

8 Section 10. Requirements for suppliers of complex
9 wheelchairs. A person who sells or offers for sale complex
10 rehabilitation technology in this State shall:

11 (1) be accredited by a recognized accrediting
12 organization as a supplier of complex rehabilitation
13 technology;

14 (2) employ at least one employee to whom the person
15 furnishes an IRS W-2 form and who is a qualified complex
16 rehabilitation technology professional, in order to
17 analyze the needs and capacities of the complex needs of
18 consumers in consultation with qualified health care
19 professionals, participate in the selection of an
20 appropriate complex rehabilitation technology for those
21 needs and capacities of the complex needs consumer, and
22 provide training in the proper use of the complex
23 rehabilitation technology;

24 (3) require a qualified complex rehabilitation
25 technology professional to be physically present for the

1 evaluation and determination of appropriate complex
2 rehabilitation technology for a complex needs consumer;

3 (4) be capable of providing service and repair by
4 trained technicians for all complex rehabilitation
5 technology it sells; and

6 (5) provide written information at the time of
7 delivery of the complex wheelchair to the complex needs
8 consumer stating how the complex needs consumer may
9 receive service and repair for the complex rehabilitation
10 technology.

11 Section 15. Repair services. A supplier of complex
12 wheelchairs shall offer service and repairs to the consumer of
13 the complex wheelchair for the useful life expectancy of the
14 complex wheelchair, unless:

15 (1) the consumer has moved outside of the original
16 supplier's service area;

17 (2) the damage that requires repair is the result of
18 consumer abuse or misuse of the equipment that restricts
19 coverage by the client's health plan, and the client
20 refuses to pay for the repairs; or

21 (3) the consumer or the consumer's representative
22 poses a potential threat to the health and safety of the
23 supplier or is otherwise abusive.

24 Section 20. Limitations.

1 (a) An original equipment manufacturer may redact
2 documentation to remove trade secrets from the documentation
3 before providing access to the documentation if the usability
4 of the redacted documentation for the purpose of providing
5 services is not diminished. An original equipment manufacturer
6 may withhold information regarding a component of, design of,
7 functionality of, or process of developing a part, embedded
8 software, firmware, or a tool if the information is a trade
9 secret and the usability of the part, embedded software,
10 firmware, or tool for the purpose of providing services is not
11 diminished.

12 (b) Nothing in this Act shall require an original
13 equipment manufacturer to make a part available if the part is
14 no longer available to the original equipment manufacturer.

15 Section 25. Enforcement by Attorney General. A violation
16 of any of the provisions of this Act is an unlawful practice
17 under the Consumer Fraud and Deceptive Business Practices Act.
18 All remedies, penalties, and authority granted to the Attorney
19 General by that Act shall be available to him or her for the
20 enforcement of this Act.

21 Section 30. Applicability. This Act applies with respect
22 to complex wheelchairs sold or in use on or after the effective
23 date of this Act.

1 Section 900. The State Employees Group Insurance Act of
2 1971 is amended by changing Section 6.11 as follows:

3 (5 ILCS 375/6.11)

4 Sec. 6.11. Required health benefits; Illinois Insurance
5 Code requirements. The program of health benefits shall
6 provide the post-mastectomy care benefits required to be
7 covered by a policy of accident and health insurance under
8 Section 356t of the Illinois Insurance Code. The program of
9 health benefits shall provide the coverage required under
10 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,
11 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
12 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
13 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
14 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
15 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
16 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~
17 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, 356z.77, and 356z.80
18 of the Illinois Insurance Code. The program of health benefits
19 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
20 370c, and 370c.1 and Article XXIIB of the Illinois Insurance
21 Code. The program of health benefits shall provide the
22 coverage required under Section 356m of the Illinois Insurance
23 Code and, for the employees of the State Employee Group
24 Insurance Program only, the coverage as also provided in
25 Section 6.11B of this Act. 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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
12 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
13 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
14 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
15 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
16 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
17 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
18 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
19 8-11-23; 103-605, eff. 7-1-24; 103-718, eff. 7-19-24; 103-751,
20 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;
21 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.
22 1-1-25; revised 11-26-24.)

23 Section 905. The Counties Code is amended by changing
24 Section 5-1069.3 as follows:

1 (55 ILCS 5/5-1069.3)

2 Sec. 5-1069.3. Required health benefits. If a county,
3 including a home rule county, is a self-insurer for purposes
4 of providing health insurance coverage for its employees, the
5 coverage shall include coverage for the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u,
9 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,
10 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
11 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36,
12 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
13 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61,
14 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, and
15 356z.74, 356z.77, and 356z.80 of the Illinois Insurance Code.
16 The coverage shall comply with Sections 155.22a, 355b,
17 356z.19, and 370c of the Illinois Insurance Code. The
18 Department of Insurance shall enforce the requirements of this
19 Section. The requirement that health benefits be covered as
20 provided in this Section is an exclusive power and function of
21 the State and is a denial and limitation under Article VII,
22 Section 6, subsection (h) of the Illinois Constitution. A home
23 rule county to which this Section applies must comply with
24 every provision of this Section.

25 Rulemaking authority to implement Public Act 95-1045, if
26 any, is conditioned on the rules being adopted in accordance

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

5 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
7 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
8 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
9 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
10 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
11 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
12 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
13 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
14 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;
15 revised 11-26-24.)

16 Section 910. The Illinois Municipal Code is amended by
17 changing Section 10-4-2.3 as follows:

18 (65 ILCS 5/10-4-2.3)

19 Sec. 10-4-2.3. Required health benefits. If a
20 municipality, including a home rule municipality, is a
21 self-insurer for purposes of providing health insurance
22 coverage for its employees, the coverage shall include
23 coverage for the post-mastectomy care benefits required to be
24 covered by a policy of accident and health insurance under

1 Section 356t and the coverage required under Sections 356g,
2 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x,
3 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
4 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
5 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
6 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
7 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,
8 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, 356z.77,
9 and 356z.80 of the Illinois Insurance Code. The coverage shall
10 comply with Sections 155.22a, 355b, 356z.19, and 370c of the
11 Illinois Insurance Code. The Department of Insurance shall
12 enforce the requirements of this Section. The requirement that
13 health benefits be covered as provided in this is an exclusive
14 power and function of the State and is a denial and limitation
15 under Article VII, Section 6, subsection (h) of the Illinois
16 Constitution. A home rule municipality to which this Section
17 applies must comply with every provision of this Section.

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
26 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,

1 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
2 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
3 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
4 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
5 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
6 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
7 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;
8 revised 11-26-24.)

9 Section 915. The School Code is amended by changing
10 Section 10-22.3f as follows:

11 (105 ILCS 5/10-22.3f)

12 Sec. 10-22.3f. Required health benefits. Insurance
13 protection and benefits for employees shall provide the
14 post-mastectomy care benefits required to be covered by a
15 policy of accident and health insurance under Section 356t and
16 the coverage required under Sections 356g, 356g.5, 356g.5-1,
17 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,
18 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,
19 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
20 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
21 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,
22 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~
23 356z.71, 356z.74, 356z.77, and 356z.80 of the Illinois
24 Insurance Code. Insurance policies shall comply with Section

1 356z.19 of the Illinois Insurance Code. The coverage shall
2 comply with Sections 155.22a, 355b, and 370c of the Illinois
3 Insurance Code. The Department of Insurance shall enforce the
4 requirements of this Section.

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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
12 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
13 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
14 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
15 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
16 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
17 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
18 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-718, eff.
19 7-19-24; 103-751, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918,
20 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

21 Section 920. The Illinois Insurance Code is amended by
22 adding Section 356z.80 as follows:

23 (215 ILCS 5/356z.80 new)

24 Sec. 356z.80. Coverage for complex wheelchair service and

1 repair.

2 (a) As used in this Section:

3 "Complex rehabilitation technology" means a medically
4 necessary complex wheelchair and associated accessories that
5 is individually configured for an individual to meet specific
6 and unique medical, physical, and functional needs and
7 capacities for basic activities of daily living and
8 instrumental activities of daily living.

9 "Complex wheelchair" has the meaning given in the Complex
10 Rehabilitation Technology Act.

11 "Qualified complex rehabilitation technology supplier"
12 means a person who meets the requirements of Section 10 of the
13 Complex Rehabilitation Technology Act.

14 "Repair" means the repair or replacement of a deficient,
15 broken, or otherwise malfunctioning part, component, hardware,
16 or software, when the deficient, broken, or otherwise
17 malfunctioning state of such part, component, hardware, or
18 software results in the incapacity of or otherwise diminished
19 capacity for use of a complex rehabilitation technology.

20 (b) A group or individual policy of accident and health
21 insurance or a managed care plan that is amended, delivered,
22 issued, or renewed on or after January 1, 2027 and that
23 provides coverage for complex rehabilitation technology shall
24 not require prior authorization, medical documentation, or
25 proof of continued need to complete medically necessary
26 repairs for consumer-owned complex rehabilitation technology

1 unless:

2 (1) the repairs are covered under a manufacturer's
3 warranty;

4 (2) the cumulative cost of the repairs exceeds 75% of
5 the cost to replace the complex rehabilitation technology;
6 or

7 (3) the complex rehabilitation technology in need of
8 repair is subject to replacement because the age of the
9 complex rehabilitation technology exceeds or is within one
10 year of the expiration of the 5-year reasonable useful
11 life of the complex rehabilitation technology.

12 (c) Notwithstanding subsection (b), a Medicaid managed
13 care plan amended, delivered, issued, or renewed on or after
14 January 1, 2027 and that provides coverage for complex
15 rehabilitation technology shall not require prior
16 authorization, medical documentation, or proof of continued
17 need to complete medically necessary repairs for
18 consumer-owned complex rehabilitation technology under the
19 total value of \$1,500. Acceptance or denial of repairs of
20 \$1,500 or more must be made within 7 days of request of
21 preauthorization.

22 Documentation of any repairs completed for consumer-owned
23 complex rehabilitation technology shall be maintained by the
24 qualified complex rehabilitation technology supplier
25 conducting the repairs and must be made available to the
26 insurer upon request.

1 (d) A group or individual policy of accident and health
2 insurance or a managed care plan that is amended, delivered,
3 issued, or renewed on or after January 1, 2027 and that
4 provides coverage for a complex rehabilitation technology
5 shall provide coverage for rented complex rehabilitation
6 technology during the time the primary complex rehabilitation
7 technology is under repair consistent with the provisions for
8 consumer-owned complex rehabilitation technology in subsection
9 (b).

10 (e) If, after a post-service review for medical necessity,
11 an insurer finds that any repair of an item not covered at
12 initial issue of the complex wheelchair was not medically
13 necessary, the insurer and owner shall be held harmless for
14 the cost of the repair and the qualified complex
15 rehabilitation technology supplier that conducted the repair
16 shall be liable for the cost of repair.

17 Section 925. The Health Maintenance Organization Act is
18 amended by changing Section 5-3 as follows:

19 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

20 (Text of Section before amendment by P.A. 103-808)

21 Sec. 5-3. Insurance Code provisions.

22 (a) Health Maintenance Organizations shall be subject to
23 the provisions of Sections 133, 134, 136, 137, 139, 140,
24 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,

1 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
2 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,
3 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,
4 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
5 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
6 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,
7 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,
8 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,
9 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,
10 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,
11 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,
12 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,
13 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,
14 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
15 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
16 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
17 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
18 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
19 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;

26 (2) a corporation organized under the laws of this

1 State; or

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

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

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

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

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

25 (A) certification by an independent actuary of the
26 adequacy of the reserves of the Health Maintenance

1 Organization sought to be acquired;

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

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

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

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

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

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

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

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

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

1 made or additional premium to be paid pursuant to this
2 subsection (f)). The Health Maintenance Organization and
3 the group or enrollment unit may agree that the profitable
4 or unprofitable experience may be calculated taking into
5 account the refund period and the immediately preceding 2
6 plan years.

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

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

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

1 Committee on Administrative Rules; any purported rule not so
2 adopted, for whatever reason, is unauthorized.

3 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
4 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
5 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
6 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
7 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
8 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
9 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
10 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
11 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
12 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
13 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
14 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
15 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
16 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.
17 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

18 (Text of Section after amendment by P.A. 103-808)

19 Sec. 5-3. Insurance Code provisions.

20 (a) Health Maintenance Organizations shall be subject to
21 the provisions of Sections 133, 134, 136, 137, 139, 140,
22 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
23 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
24 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,
25 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,

1 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
2 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
3 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
4 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
5 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
6 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
7 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
8 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
9 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
10 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
11 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,
12 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,
13 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)
14 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,
15 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
16 Illinois Insurance Code.

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

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

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

25 (3) a corporation organized under the laws of another
26 state, 30% or more of the enrollees of which are residents

1 of this State, except a corporation subject to
2 substantially the same requirements in its state of
3 organization as is a "domestic company" under Article VIII
4 1/2 of the Illinois Insurance Code.

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

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

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

20 (3) the Director shall have the power to require the
21 following information:

22 (A) certification by an independent actuary of the
23 adequacy of the reserves of the Health Maintenance
24 Organization sought to be acquired;

25 (B) pro forma financial statements reflecting the
26 combined balance sheets of the acquiring company and

1 the Health Maintenance Organization sought to be
2 acquired as of the end of the preceding year and as of
3 a date 90 days prior to the acquisition, as well as pro
4 forma financial statements reflecting projected
5 combined operation for a period of 2 years;

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

10 (D) such other information as the Director shall
11 require.

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

18 (e) In considering any management contract or service
19 agreement subject to Section 141.1 of the Illinois Insurance
20 Code, the Director (i) shall, in addition to the criteria
21 specified in Section 141.2 of the Illinois Insurance Code,
22 take into account the effect of the management contract or
23 service agreement on the continuation of benefits to enrollees
24 and the financial condition of the health maintenance
25 organization to be managed or serviced, and (ii) need not take
26 into account the effect of the management contract or service

1 agreement on competition.

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

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

15 (ii) the amount of the refund or additional premium
16 shall not exceed 20% of the Health Maintenance
17 Organization's profitable or unprofitable experience with
18 respect to the group or other enrollment unit for the
19 period (and, for purposes of a refund or additional
20 premium, the profitable or unprofitable experience shall
21 be calculated taking into account a pro rata share of the
22 Health Maintenance Organization's administrative and
23 marketing expenses, but shall not include any refund to be
24 made or additional premium to be paid pursuant to this
25 subsection (f)). The Health Maintenance Organization and
26 the group or enrollment unit may agree that the profitable

1 or unprofitable experience may be calculated taking into
2 account the refund period and the immediately preceding 2
3 plan years.

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

16 In no event shall the Illinois Health Maintenance
17 Organization Guaranty Association be liable to pay any
18 contractual obligation of an insolvent organization to pay any
19 refund authorized under this Section.

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

26 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;

1 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
2 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
3 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
4 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
5 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
6 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
7 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
8 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
9 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
10 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
11 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
12 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
13 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
14 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
15 11-26-24.)

16 Section 930. The Limited Health Service Organization Act
17 is amended by changing Section 4003 as follows:

18 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

19 Sec. 4003. Illinois Insurance Code provisions. Limited
20 health service organizations shall be subject to the
21 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
22 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,
23 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,
24 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,

1 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
2 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
3 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
4 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1,
5 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
6 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
7 XXVI of the Illinois Insurance Code. Nothing in this Section
8 shall require a limited health care plan to cover any service
9 that is not a limited health service. For purposes of the
10 Illinois Insurance Code, except for Sections 444 and 444.1 and
11 Articles XIII and XIII 1/2, limited health service
12 organizations in the following categories are deemed to be
13 domestic companies:

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

15 (2) 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 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
22 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
23 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
24 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
25 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
26 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,

1 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;
2 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.
3 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,
4 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

5 Section 935. The Voluntary Health Services Plans Act is
6 amended by changing Section 10 as follows:

7 (215 ILCS 165/10) (from Ch. 32, par. 604)

8 Sec. 10. Application of Insurance Code provisions. Health
9 services plan corporations and all persons interested therein
10 or dealing therewith shall be subject to the provisions of
11 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
12 143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,
13 355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,
14 356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,
15 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
16 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
17 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
18 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,
19 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,
20 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,
21 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,
22 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
23 and paragraphs (7) and (15) of Section 367 of the Illinois
24 Insurance Code.

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. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
8 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
9 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
10 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
11 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
12 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
13 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
14 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.
15 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
16 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;
17 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.
18 1-1-25; revised 11-26-24.)

19 Section 940. The Illinois Public Aid Code is amended by
20 changing Section 5-16.8 as follows:

21 (305 ILCS 5/5-16.8)

22 Sec. 5-16.8. Required health benefits. The medical
23 assistance program shall (i) provide the post-mastectomy care
24 benefits required to be covered by a policy of accident and

1 health insurance under Section 356t and the coverage required
2 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
3 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
4 356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61, 356z.64,
5 ~~and 356z.67, and 356z.71,~~ 356z.75, and 356z.80 of the Illinois
6 Insurance Code, (ii) be subject to the provisions of Sections
7 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the
8 Illinois Insurance Code, and (iii) be subject to the
9 provisions of subsection (d-5) of Section 10 of the Network
10 Adequacy and Transparency Act.

11 The Department, by rule, shall adopt a model similar to
12 the requirements of Section 356z.39 of the Illinois Insurance
13 Code.

14 On and after July 1, 2012, the Department shall reduce any
15 rate of reimbursement for services or other payments or alter
16 any methodologies authorized by this Code to reduce any rate
17 of reimbursement for services or other payments in accordance
18 with Section 5-5e.

19 To ensure full access to the benefits set forth in this
20 Section, on and after January 1, 2016, the Department shall
21 ensure that provider and hospital reimbursement for
22 post-mastectomy care benefits required under this Section are
23 no lower than the Medicare reimbursement rate.

24 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
26 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,

1 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
2 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
3 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,
4 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;
5 revised 11-26-24.)

6 Section 945. The Consumer Fraud and Deceptive Business
7 Practices Act is amended by adding Section 2HHHH as follows:

8 (815 ILCS 505/2HHHH new)

9 Sec. 2HHHH. Violations of the Complex Wheelchair Right to
10 Repair Act. A person who violates the Complex Wheelchair Right
11 to Repair Act commits an unlawful practice within the meaning
12 of this Act.

13 Section 995. No acceleration or delay. Where this Act
14 makes changes in a statute that is represented in this Act by
15 text that is not yet or no longer in effect (for example, a
16 Section represented by multiple versions), the use of that
17 text does not accelerate or delay the taking effect of (i) the
18 changes made by this Act or (ii) provisions derived from any
19 other Public Act.

20 Section 999. Effective date. This Act takes effect January
21 1, 2026."