



Rep. Laura Fine

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1 AMENDMENT TO HOUSE BILL 2617

2 AMENDMENT NO. _____. Amend House Bill 2617 by replacing
3 everything after the enacting clause with the following:

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 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall provide
9 the post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t of
11 the Illinois Insurance Code. The program of health benefits
12 shall provide the coverage required under Sections 356g,
13 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
15 356z.14, 356z.15, 356z.17, 356z.22, ~~and~~ 356z.25, 356z.26, and
16 356z.29 of the Illinois Insurance Code. The program of health

1 benefits must comply with Sections 155.22a, 155.37, 355b,
2 356z.19, 370c, and 370c.1 of the Illinois Insurance Code.

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

9 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
10 100-138, eff. 8-18-17; revised 10-3-17.)

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

13 (55 ILCS 5/5-1069.3)

14 Sec. 5-1069.3. Required health benefits. If a county,
15 including a home rule county, is a self-insurer for purposes of
16 providing health insurance coverage for its employees, the
17 coverage shall include coverage for the post-mastectomy care
18 benefits required to be covered by a policy of accident and
19 health insurance under Section 356t and the coverage required
20 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
21 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
22 356z.14, 356z.15, 356z.22, ~~and~~ 356z.25, 356z.26, and 356z.29 of
23 the Illinois Insurance Code. The coverage shall comply with
24 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois

1 Insurance Code. The requirement that health benefits be covered
2 as provided in this Section is an exclusive power and function
3 of the State and is a denial and limitation under Article VII,
4 Section 6, subsection (h) of the Illinois Constitution. A home
5 rule county to which this Section applies must comply with
6 every provision of this Section.

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

13 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
14 100-138, eff. 8-18-17; revised 10-5-17.)

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

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a
19 municipality, including a home rule municipality, is a
20 self-insurer for purposes of providing health insurance
21 coverage for its employees, the coverage shall include coverage
22 for the post-mastectomy care benefits required to be covered by
23 a policy of accident and health insurance under Section 356t
24 and the coverage required under Sections 356g, 356g.5,

1 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
2 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, ~~and~~
3 356z.25, 356z.26, and 356z.29 of the Illinois Insurance Code.
4 The coverage shall comply with Sections 155.22a, 355b, 356z.19,
5 and 370c of the Illinois Insurance Code. The requirement that
6 health benefits be covered as provided in this is an exclusive
7 power and function of the State and is a denial and limitation
8 under Article VII, Section 6, subsection (h) of the Illinois
9 Constitution. A home rule municipality to which this Section
10 applies must comply with every provision of this Section.

11 Rulemaking authority to implement Public Act 95-1045, if
12 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
18 100-138, eff. 8-18-17; revised 10-5-17.)

19 Section 20. The School Code is amended by changing Section
20 10-22.3f as follows:

21 (105 ILCS 5/10-22.3f)

22 Sec. 10-22.3f. Required health benefits. Insurance
23 protection and benefits for employees shall provide the
24 post-mastectomy care benefits required to be covered by a

1 policy of accident and health insurance under Section 356t and
2 the coverage required under Sections 356g, 356g.5, 356g.5-1,
3 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
4 356z.13, 356z.14, 356z.15, 356z.22, ~~and~~ 356z.25, 356z.26, and
5 356z.29 of the Illinois Insurance Code. Insurance policies
6 shall comply with Section 356z.19 of the Illinois Insurance
7 Code. The coverage shall comply with Sections 155.22a and 355b
8 of the Illinois Insurance Code.

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

15 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
16 revised 9-25-17.)

17 Section 25. The Illinois Insurance Code is amended by
18 adding Section 356z.29 as follows:

19 (215 ILCS 5/356z.29 new)

20 Sec. 356z.29. Coverage for fertility preservation
21 treatments.

22 (a) As used in this Section:

23 "Iatrogenic infertility" means in impairment of
24 fertility by surgery, radiation, chemotherapy, or other

1 medical treatment affecting reproductive organs or
2 processes.

3 "May directly or indirectly cause" means the likely
4 possibility that treatment will cause a side effect of
5 infertility, based upon current evidence-based standards
6 of care established by the American Society for
7 Reproductive Medicine, the American Society of Clinical
8 Oncology, or other national medical associations that
9 follow current evidence-based standards of care.

10 "Standard fertility preservation services" means
11 procedures based upon current evidence-based standards of
12 care established by the American Society for Reproductive
13 Medicine, the American Society of Clinical Oncology, or
14 other national medical associations that follow current
15 evidence-based standards of care.

16 (b) An individual or group policy of accident and health
17 insurance amended, delivered, issued, or renewed in this State
18 after the effective date of this amendatory Act of the 100th
19 General Assembly must provide coverage for medically necessary
20 expenses for standard fertility preservation services when a
21 necessary medical treatment may directly or indirectly cause
22 iatrogenic infertility to an enrollee.

23 (c) In determining coverage pursuant to this Section, an
24 insurer shall not discriminate based on an individuals expected
25 length of life, present or predicted disability, degree of
26 medical dependency, quality of life, or other health

1 conditions, nor based on personal characteristics, including
2 age, sex, sexual orientation, or marital status.

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

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

6 Sec. 5-3. Insurance Code provisions.

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

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

24 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

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

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

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

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

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

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

1 (A) certification by an independent actuary of the
2 adequacy of the reserves of the Health Maintenance
3 Organization sought to be acquired;

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

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

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

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

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

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

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

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

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

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

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

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

25 (g) Rulemaking authority to implement Public Act 95-1045,
26 if 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. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
6 100-138, eff. 8-18-17; revised 10-5-17.)

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

9 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

10 Sec. 4003. Illinois Insurance Code provisions. Limited
11 health service organizations shall be subject to the provisions
12 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
13 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
14 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
15 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 368a,
16 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and
17 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,
18 XXV, and XXVI of the Illinois Insurance Code. For purposes of
19 the Illinois Insurance Code, except for Sections 444 and 444.1
20 and Articles XIII and XIII 1/2, limited health service
21 organizations in the following categories are deemed to be
22 domestic companies:

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

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

6 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
7 100-201, eff. 8-18-17; revised 10-5-17.)

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

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

11 Sec. 10. Application of Insurance Code provisions. Health
12 services plan corporations and all persons interested therein
13 or dealing therewith shall be subject to the provisions of
14 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
15 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
16 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
17 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
18 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
19 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 364.01,
20 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
21 and paragraphs (7) and (15) of Section 367 of the Illinois
22 Insurance Code.

23 Rulemaking authority to implement Public Act 95-1045, if
24 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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
6 revised 10-5-17.)

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

9 (305 ILCS 5/5-16.8)

10 Sec. 5-16.8. Required health benefits. The medical
11 assistance program shall (i) provide 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.5, 356u, 356w, 356x, 356z.6, 356z.26, and
15 356z.29 ~~and 356z.25~~ of the Illinois Insurance Code and (ii) be
16 subject to the provisions of Sections 356z.19, 364.01, 370c,
17 and 370c.1 of the Illinois Insurance Code.

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

23 To ensure full access to the benefits set forth in this
24 Section, on and after January 1, 2016, the Department shall

1 ensure that provider and hospital reimbursement for
2 post-mastectomy care benefits required under this Section are
3 no lower than the Medicare reimbursement rate.

4 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;
5 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; revised
6 1-29-18.)".