



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

HB2721

by Rep. Deb Conroy

#### SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11	
55 ILCS 5/5-1069.3	
65 ILCS 5/10-4-2.3	
105 ILCS 5/10-22.3f	
215 ILCS 125/356z.25 new	
215 ILCS 125/5-3	from Ch. 111 1/2, par. 1411.2
215 ILCS 130/4003	from Ch. 73, par. 1504-3
215 ILCS 165/10	from Ch. 32, par. 604

Amends the Illinois Insurance Code, 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, and the Voluntary Health Services Plans Act. Provides that a group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of the amendatory Act shall provide coverage for treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute-onset neuropsychiatric syndrome, including, but not limited to, the use of intravenous immunoglobulin therapy. Effective immediately.

LRB100 06033 SMS 16064 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 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, ~~and 356z.22,~~ and 356z.25 of the  
16 Illinois Insurance Code. The program of health benefits must  
17 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and  
18 370c.1 of the Illinois Insurance Code.

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
3 99-480, eff. 9-9-15.)

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

6 (55 ILCS 5/5-1069.3)

7 Sec. 5-1069.3. Required health benefits. If a county,  
8 including a home rule county, is a self-insurer for purposes of  
9 providing health insurance coverage for its employees, the  
10 coverage shall include coverage for 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, 356g.5, 356g.5-1, 356u, 356w, 356x,  
14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
15 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.25 of the Illinois  
16 Insurance Code. The coverage shall comply with Sections  
17 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
18 Code. The requirement that health benefits be covered as  
19 provided in this Section is an exclusive power and function of  
20 the State and is a denial and limitation under Article VII,  
21 Section 6, subsection (h) of the Illinois Constitution. A home  
22 rule county to which this Section applies must comply with  
23 every provision of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if

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

6 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
7 99-480, eff. 9-9-15.)

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

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

11 Sec. 10-4-2.3. Required health benefits. If a  
12 municipality, including a home rule municipality, is a  
13 self-insurer for purposes of providing health insurance  
14 coverage for its employees, the coverage shall include coverage  
15 for the post-mastectomy care benefits required to be covered by  
16 a policy of accident and health insurance under Section 356t  
17 and the coverage required under Sections 356g, 356g.5,  
18 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,  
19 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and  
20 356z.25 of the Illinois Insurance Code. The coverage shall  
21 comply with Sections 155.22a, 355b, 356z.19, and 370c of the  
22 Illinois Insurance Code. The requirement that health benefits  
23 be covered as provided in this is an exclusive power and  
24 function of the State and is a denial and limitation under

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

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

10 (Source: P.A. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
11 99-480, eff. 9-9-15.)

12 Section 20. The School Code is amended by changing Section  
13 10-22.3f as follows:

14 (105 ILCS 5/10-22.3f)

15 Sec. 10-22.3f. Required health benefits. Insurance  
16 protection and benefits for employees shall provide the  
17 post-mastectomy care benefits required to be covered by a  
18 policy of accident and health insurance under Section 356t and  
19 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
20 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,  
21 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.25 of the  
22 Illinois Insurance Code. Insurance policies shall comply with  
23 Section 356z.19 of the Illinois Insurance Code. The coverage  
24 shall comply with Sections 155.22a and 355b of the Illinois

1 Insurance Code.

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. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
9 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

10 Section 25. The Illinois Insurance Code is amended by  
11 adding Section 356z.25 as follows:

12 (215 ILCS 125/356z.25 new)

13 Sec. 356z.25. Coverage for treatment of pediatric  
14 autoimmune neuropsychiatric disorders associated with  
15 streptococcal infections and pediatric acute onset  
16 neuropsychiatric syndrome. A group or individual policy of  
17 accident and health insurance or managed care plan that is  
18 amended, delivered, issued, or renewed after the effective date  
19 of this amendatory Act of the 100th General Assembly shall  
20 provide coverage for treatment of pediatric autoimmune  
21 neuropsychiatric disorders associated with streptococcal  
22 infections and pediatric acute-onset neuropsychiatric  
23 syndrome, including, but not limited to, the use of intravenous  
24 immunoglobulin therapy.

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

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

4 (Text of Section before amendment by P.A. 99-761)

5 Sec. 5-3. Insurance Code provisions.

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

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

23 (1) a corporation authorized under the Dental Service  
24 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 financial  
14 conditions of the acquired Health Maintenance Organization  
15 after the merger, consolidation, or other acquisition of  
16 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 to  
21           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, take  
26           into account the effect of the management contract or service

1 agreement on the continuation of benefits to enrollees and the  
2 financial condition of the health maintenance organization to  
3 be managed or serviced, and (ii) need not take into account the  
4 effect of the management contract or service agreement on  
5 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 Health  
10 Maintenance Organization may by contract agree with a group or  
11 other enrollment unit to effect refunds or charge additional  
12 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 not  
18 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 the  
18 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 accordance  
26 with all provisions of the Illinois Administrative Procedure

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

4 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-437,  
5 eff. 8-18-11; 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; 97-805,  
6 eff. 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14;  
7 98-1091, eff. 1-1-15.)

8 (Text of Section after amendment by P.A. 99-761)

9 Sec. 5-3. Insurance Code provisions.

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

23 (b) For purposes of the Illinois Insurance Code, except for  
24 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health  
25 Maintenance Organizations in the following categories are

1 deemed to be "domestic companies":

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

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

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

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

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

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

1           (3) the Director shall have the power to require the  
2 following information:

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

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

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

17           (D) such other information as the Director shall  
18 require.

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

25           (e) In considering any management contract or service  
26 agreement subject to Section 141.1 of the Illinois Insurance

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

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

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

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

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

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

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



1 (g) Rulemaking authority to implement Public Act 95-1045,  
2 if 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. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
8 99-761, eff. 1-1-18.)

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

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

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

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

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

7           (Source: P.A. 97-486, eff. 1-1-12; 97-592, 1-1-12; 97-805, eff.  
8           1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091,  
9           eff. 1-1-15; revised 10-5-16.)

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

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

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

24           Rulemaking authority to implement Public Act 95-1045, if

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

6 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-486,  
7 eff. 1-1-12; 97-592, eff. 1-1-12; 97-805, eff. 1-1-13; 97-813,  
8 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

9 Section 95. No acceleration or delay. Where this Act makes  
10 changes in a statute that is represented in this Act by text  
11 that is not yet or no longer in effect (for example, a Section  
12 represented by multiple versions), the use of that text does  
13 not accelerate or delay the taking effect of (i) the changes  
14 made by this Act or (ii) provisions derived from any other  
15 Public Act.

16 Section 99. Effective date. This Act takes effect upon  
17 becoming law.