

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       If, at any time, the Secretary of the United States  
2       Department of Health and Human Services, or its successor  
3       agency, promulgates rules or regulations to be published in the  
4       Federal Register or publishes a comment in the Federal Register  
5       or issues an opinion, guidance, or other action that would  
6       require the State, pursuant to any provision of the Patient  
7       Protection and Affordable Care Act (Public Law 111-148),  
8       including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any  
9       successor provision, to defray the cost of any coverage for  
10       pediatric autoimmune neuropsychiatric disorders associated  
11       with streptococcal infections and pediatric acute onset  
12       neuropsychiatric syndrome outlined in this Section, then the  
13       requirement that an insurer cover pediatric autoimmune  
14       neuropsychiatric disorders associated with streptococcal  
15       infections and pediatric acute onset neuropsychiatric syndrome  
16       is inoperative other than any such coverage authorized under  
17       Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and  
18       the State shall not assume any obligation for the cost of  
19       coverage for pediatric autoimmune neuropsychiatric disorders  
20       associated with streptococcal infections and pediatric acute  
21       onset neuropsychiatric syndrome.

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

24       (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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

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

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

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

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

24 (3) a corporation organized under the laws of another  
25 state, 30% or more of the enrollees of which are residents  
26 of this State, except a corporation subject to

1 substantially the same requirements in its state of  
2 organization as is a "domestic company" under Article VIII  
3 1/2 of the Illinois Insurance Code.

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

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

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

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

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

24 (B) pro forma financial statements reflecting the  
25 combined balance sheets of the acquiring company and  
26 the Health Maintenance Organization sought to be



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

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

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

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

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

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

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

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

1 account the refund period and the immediately preceding 2  
2 plan years.

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

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

19 (g) Rulemaking authority to implement Public Act 95-1045,  
20 if 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. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-437,  
26 eff. 8-18-11; 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; 97-805,

1 eff. 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14;  
2 98-1091, eff. 1-1-15.)

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

4 Sec. 5-3. Insurance Code provisions.

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

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

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

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

1           (3) a corporation organized under the laws of another  
2           state, 30% or more of the enrollees of which are residents  
3           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           (c) In considering the merger, consolidation, or other  
8           acquisition of control of a Health Maintenance Organization  
9           pursuant to Article VIII 1/2 of the Illinois Insurance Code,

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

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

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

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

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

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

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

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

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

1 be managed or serviced, and (ii) need not take into account the  
2 effect of the management contract or service agreement on  
3 competition.

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

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

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

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

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

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

22 (g) Rulemaking authority to implement Public Act 95-1045,  
23 if any, is conditioned on the rules being adopted in accordance  
24 with all provisions of the Illinois Administrative Procedure  
25 Act and all rules and procedures of the Joint Committee on  
26 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 99-761, eff. 1-1-18.)

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

6 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

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

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

20 (2) a corporation organized under the laws of another  
21 state, 30% or ~~of~~ more of the enrollees of which are  
22 residents of this State, except a corporation subject to  
23 substantially the same requirements in its state of  
24 organization as is a domestic company under Article VIII

1           1/2 of the Illinois Insurance Code.

2           (Source: P.A. 97-486, eff. 1-1-12; 97-592, 1-1-12; 97-805, eff.  
3           1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091,  
4           eff. 1-1-15; revised 10-5-16.)

5           Section 40. 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, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,  
13          356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,  
14          356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,  
15          356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,  
16          356z.19, 356z.21, 356z.22, 356z.25, 364.01, 367.2, 368a, 401,  
17          401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
18          and (15) of Section 367 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  
24          whatever reason, is unauthorized.

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

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

11 Section 99. Effective date. This Act takes effect upon  
12 becoming law.