



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3177

by Rep. Deanne M. Mazzochi

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 5/356u	
215 ILCS 5/356x	
215 ILCS 5/356z.33 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
305 ILCS 5/5-16.8	

Amends the Illinois Insurance Code. In provisions requiring insurance coverage for prostate-specific antigen tests and for colorectal cancer examination and screening, removes provisions requiring the testing be recommended or prescribed by a physician. 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, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code to require insurance policies to provide coverage for testing to establish the presence or absence of sexually transmitted diseases or infections. Effective immediately.

LRB101 08463 RAB 53539 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

1 AN ACT concerning regulation.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 (Text of Section before amendment by P.A. 100-1170)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g,
14 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
15 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
16 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
17 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
18 The program of health benefits must comply with Sections
19 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the
20 Illinois Insurance Code. The Department of Insurance shall
21 enforce the requirements of this Section.

22 Rulemaking authority to implement Public Act 95-1045, if
23 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
6 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
7 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
8 1-8-19.)

9 (Text of Section after amendment by P.A. 100-1170)

10 Sec. 6.11. Required health benefits; Illinois Insurance
11 Code requirements. The program of health benefits shall provide
12 the post-mastectomy care benefits required to be covered by a
13 policy of accident and health insurance under Section 356t of
14 the Illinois Insurance Code. The program of health benefits
15 shall provide the coverage required under Sections 356g,
16 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
17 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
18 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29,
19 ~~and~~ 356z.32, and 356z.33 of the Illinois Insurance Code. The
20 program of health benefits must comply with Sections 155.22a,
21 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois
22 Insurance Code. The Department of Insurance shall enforce the
23 requirements of this Section with respect to Sections 370c and
24 370c.1 of the Illinois Insurance Code; all other requirements
25 of this Section shall be enforced by the Department of Central

1 Management Services.

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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
9 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
10 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;
11 100-1170, eff. 6-1-19.)

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

14 (55 ILCS 5/5-1069.3)

15 Sec. 5-1069.3. Required health benefits. If a county,
16 including a home rule county, is a self-insurer for purposes of
17 providing health insurance coverage for its employees, the
18 coverage shall include coverage for the post-mastectomy care
19 benefits required to be covered by a policy of accident and
20 health insurance under Section 356t and the coverage required
21 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
22 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
23 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~ 356z.29,
24 356z.32, and 356z.33 of the Illinois Insurance Code. The

1 coverage shall comply with Sections 155.22a, 355b, 356z.19, and
2 370c of the Illinois Insurance Code. The Department of
3 Insurance shall enforce the requirements of this Section. The
4 requirement that health benefits be covered as provided in this
5 Section is an exclusive power and function of the State and is
6 a denial and limitation under Article VII, Section 6,
7 subsection (h) of the Illinois Constitution. A home rule county
8 to which this Section applies must comply with every provision
9 of this Section.

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

16 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
17 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
18 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
19 10-3-18.)

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

22 (65 ILCS 5/10-4-2.3)

23 Sec. 10-4-2.3. Required health benefits. If a
24 municipality, including a home rule municipality, is a

1 self-insurer for purposes of providing health insurance
2 coverage for its employees, the coverage shall include coverage
3 for the post-mastectomy care benefits required to be covered by
4 a policy of accident and health insurance under Section 356t
5 and the coverage required under Sections 356g, 356g.5,
6 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
7 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
8 ~~and 356z.26, and 356z.29~~, 356z.32, and 356z.33 of the Illinois
9 Insurance Code. The coverage shall comply with Sections
10 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
11 Code. The Department of Insurance shall enforce the
12 requirements of this Section. The requirement that health
13 benefits be covered as provided in this is an exclusive power
14 and function of the State and is a denial and limitation under
15 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
25 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
26 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised

1 10-4-18.)

2 Section 20. The School Code is amended by changing Section
3 10-22.3f as follows:

4 (105 ILCS 5/10-22.3f)

5 Sec. 10-22.3f. Required health benefits. Insurance
6 protection and benefits for employees shall provide the
7 post-mastectomy care benefits required to be covered by a
8 policy of accident and health insurance under Section 356t and
9 the coverage required under Sections 356g, 356g.5, 356g.5-1,
10 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
11 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
12 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
13 Insurance policies shall comply with Section 356z.19 of the
14 Illinois Insurance Code. The coverage shall comply with
15 Sections 155.22a, 355b, and 370c of the Illinois Insurance
16 Code. The Department of Insurance shall enforce the
17 requirements 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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;

1 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
2 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

3 Section 25. The Illinois Insurance Code is amended by
4 changing Sections 356u and 356x and by adding Section 356z.33
5 as follows:

6 (215 ILCS 5/356u)

7 Sec. 356u. Pap tests and prostate-specific antigen tests.

8 (a) A group policy of accident and health insurance that
9 provides coverage for hospital or medical treatment or services
10 for illness on an expense-incurred basis and is amended,
11 delivered, issued, or renewed after the effective date of this
12 amendatory Act of 1997 shall provide coverage for all of the
13 following:

14 (1) An annual cervical smear or Pap smear test for
15 female insureds.

16 (2) An annual digital rectal examination and a
17 prostate-specific antigen test, for male insureds ~~upon the~~
18 ~~recommendation of a physician licensed to practice~~
19 ~~medicine in all its branches~~ for:

20 (A) asymptomatic men age 50 and over;

21 (B) African-American men age 40 and over; and

22 (C) men age 40 and over with a family history of
23 prostate cancer.

24 (3) Surveillance tests for ovarian cancer for female

1 insureds who are at risk for ovarian cancer.

2 (b) This Section shall not apply to agreements, contracts,
3 or policies that provide coverage for a specified disease or
4 other limited benefit coverage.

5 (c) For the purposes of this Section:

6 "At risk for ovarian cancer" means:

7 (1) having a family history (i) with one or more
8 first-degree relatives with ovarian cancer, (ii) of
9 clusters of women relatives with breast cancer, or (iii) of
10 nonpolyposis colorectal cancer; or

11 (2) testing positive for BRCA1 or BRCA2 mutations.

12 "Surveillance tests for ovarian cancer" means annual
13 screening using (i) CA-125 serum tumor marker testing, (ii)
14 transvaginal ultrasound, (iii) pelvic examination.

15 (Source: P.A. 94-122, eff. 1-1-06.)

16 (215 ILCS 5/356x)

17 Sec. 356x. Coverage for colorectal cancer examination and
18 screening.

19 (a) An individual or group policy of accident and health
20 insurance or a managed care plan that is amended, delivered,
21 issued, or renewed on or after the effective date of this
22 amendatory Act of the 93rd General Assembly that provides
23 coverage to a resident of this State must provide benefits or
24 coverage for all colorectal cancer examinations and laboratory
25 tests for colorectal cancer ~~as prescribed by a physician,~~ in

1 accordance with the published American Cancer Society
2 guidelines on colorectal cancer screening or other existing
3 colorectal cancer screening guidelines issued by nationally
4 recognized professional medical societies or federal
5 government agencies, including the National Cancer Institute,
6 the Centers for Disease Control and Prevention, and the
7 American College of Gastroenterology.

8 (b) Coverage required under this Section may not impose any
9 deductible, coinsurance, waiting period, or other cost-sharing
10 limitation that is greater than that required for other
11 coverage under the policy.

12 (Source: P.A. 93-568, eff. 1-1-04.)

13 (215 ILCS 5/356z.33 new)

14 Sec. 356z.33. Coverage for sexually transmitted disease
15 testing. A group or individual policy of accident and health
16 insurance amended, delivered, issued, or renewed after the
17 effective date of this amendatory Act of the 101st General
18 Assembly shall provide coverage for testing to establish the
19 presence or absence of sexually transmitted diseases or
20 infections.

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

23 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

1 Sec. 5-3. Insurance Code provisions.

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

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

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

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

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

1 organization as is a "domestic company" under Article VIII
2 1/2 of the Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

26 (f) Except for small employer groups as defined in the

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

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

13 (ii) the amount of the refund or additional premium
14 shall not exceed 20% of the Health Maintenance
15 Organization's profitable or unprofitable experience with
16 respect to the group or other enrollment unit for the
17 period (and, for purposes of a refund or additional
18 premium, the profitable or unprofitable experience shall
19 be calculated taking into account a pro rata share of the
20 Health Maintenance Organization's administrative and
21 marketing expenses, but shall not include any refund to be
22 made or additional premium to be paid pursuant to this
23 subsection (f)). The Health Maintenance Organization and
24 the group or enrollment unit may agree that the profitable
25 or unprofitable experience may be calculated taking into
26 account the refund period and the immediately preceding 2

1 plan years.

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

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

18 (g) Rulemaking authority to implement Public Act 95-1045,
19 if 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. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
25 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.
26 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised

1 10-4-18.)

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

4 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

5 Sec. 4003. Illinois Insurance Code provisions. Limited
6 health service organizations shall be subject to the provisions
7 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
8 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
9 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
10 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
11 356z.33, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,
12 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2,
13 XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.
14 For purposes of the Illinois Insurance Code, except for
15 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited
16 health service organizations in the following categories are
17 deemed to be domestic companies:

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

19 (2) a corporation organized under the laws of another
20 state, 30% or more of the enrollees of which are residents
21 of this State, except a corporation subject to
22 substantially the same requirements in its state of
23 organization as is a domestic company under Article VIII
24 1/2 of the Illinois Insurance Code.

1 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
2 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
3 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

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

6 (215 ILCS 165/10) (from Ch. 32, par. 604)

7 Sec. 10. Application of Insurance Code provisions. Health
8 services plan corporations and all persons interested therein
9 or dealing therewith shall be subject to the provisions of
10 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
11 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
12 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
13 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
14 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
15 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
16 356z.32, 356z.33, 364.01, 367.2, 368a, 401, 401.1, 402, 403,
17 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of
18 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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
2 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
3 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

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

6 (305 ILCS 5/5-16.8)

7 Sec. 5-16.8. Required health benefits. The medical
8 assistance program shall (i) provide the post-mastectomy care
9 benefits required to be covered by a policy of accident and
10 health insurance under Section 356t and the coverage required
11 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26, ~~and~~
12 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code
13 and (ii) be subject to the provisions of Sections 356z.19,
14 364.01, 370c, and 370c.1 of the Illinois Insurance Code.

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

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

1 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;
2 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; 100-863, eff.
3 8-14-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
4 10-4-18.)

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

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