



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB3473

by Rep. Deb Conroy

SYNOPSIS AS INTRODUCED:

See Index

Amends the Illinois Insurance Code. Provides that, for purposes of treatment in the early stages of a mental health condition, a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed shall provide coverage for the treatment of serious mental illnesses and serious emotional disturbances. Provides that coverage shall include, but not be limited to, certain evidence-based and evidence-informed bundled treatment approaches. Provides that payment for the services performed under the treatment models shall be based on all the components of the treatment model combined, rather than for each separate service. Provides that disability or functional impairment shall not be a precondition to receive treatment under the provisions. Provides that if federal regulations require the State to defray the cost of coverage for serious mental illnesses or serious emotional disturbances, then the provisions are inoperative and the State shall not assume any obligation for the cost of the coverage. Makes conforming changes in 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 the amendatory Act may be referred to as the Fair Insurance Coverage for Early Treatment of Serious Mental Health Conditions Act. Effective immediately.

LRB101 04818 SMS 49827 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 1. Short title. This Act may be referred to as the
5 Fair Insurance Coverage for Early Treatment of Serious Mental
6 Health Conditions Act.

7 Section 5. Legislative findings. The General Assembly
8 finds the following:

9 (1) An estimated 60% of Illinoisans have private
10 insurance coverage.

11 (2) Most mental health conditions begin to manifest
12 before the age of 24.

13 (3) On average, it takes 10 years for individuals with
14 a serious mental health condition to receive the right
15 diagnosis and treatment.

16 (4) During the lag time between initial symptom
17 manifestation and when the right treatment is received, an
18 individual often experiences debilitating symptoms that
19 can lead to permanent disability.

20 (5) Early treatment can mean wellness, symptom
21 management, and full recovery.

22 (6) Private insurance does not cover the
23 evidence-based or evidence-informed community-based

1 treatment approaches that the public sector covers that are
2 proven, effective treatments for serious mental illnesses
3 and serious emotional disturbances.

4 (7) Community-based treatment has demonstrated
5 positive mental health outcomes over many decades and
6 enables wellness and supports recovery by providing
7 intensive services through team-based models in a person's
8 natural environment.

9 (8) The 60% of Illinoisans with private insurance
10 coverage do not have access to these evidence-based
11 treatment approaches.

12 (9) If private insurance covered these community-based
13 treatment approaches when an individual is in the early
14 stages of a serious mental health condition, permanent
15 disability and a life of public coverage could be avoided
16 for thousands across Illinois.

17 Section 10. The State Employees Group Insurance Act of 1971
18 is amended by changing Section 6.11 as follows:

19 (5 ILCS 375/6.11)

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

21 Sec. 6.11. Required health benefits; Illinois Insurance
22 Code requirements. The program of health benefits shall provide
23 the post-mastectomy care benefits required to be covered by a
24 policy of accident and health insurance under Section 356t of

1 the Illinois Insurance Code. The program of health benefits
2 shall provide the coverage required under Sections 356g,
3 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
4 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
5 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
6 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.
7 The program of health benefits must comply with Sections
8 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 of the
9 Illinois Insurance Code. The Department of Insurance shall
10 enforce the requirements 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; 100-863, eff. 8-14-18; 100-1024, eff.
19 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
20 1-8-19.)

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

22 Sec. 6.11. Required health benefits; Illinois Insurance
23 Code requirements. The program of health benefits shall provide
24 the post-mastectomy care benefits required to be covered by a
25 policy of accident and health insurance under Section 356t of

1 the Illinois Insurance Code. The program of health benefits
2 shall provide the coverage required under Sections 356g,
3 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
4 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
5 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29,
6 ~~and~~ 356z.32, and 356z.33 of the Illinois Insurance Code. The
7 program of health benefits must comply with Sections 155.22a,
8 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois
9 Insurance Code. The Department of Insurance shall enforce the
10 requirements of this Section with respect to Sections 370c and
11 370c.1 of the Illinois Insurance Code; all other requirements
12 of this Section shall be enforced by the Department of Central
13 Management Services.

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

20 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
21 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
22 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19;
23 100-1170, eff. 6-1-19.)

24 Section 15. The Counties Code is amended by changing
25 Section 5-1069.3 as follows:

1 (55 ILCS 5/5-1069.3)

2 Sec. 5-1069.3. Required health benefits. If a county,
3 including a home rule county, is a self-insurer for purposes of
4 providing health insurance coverage for its employees, the
5 coverage shall include coverage for the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
9 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
10 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~ 356z.29,
11 356z.32, and 356z.33 of the Illinois Insurance Code. The
12 coverage shall comply with Sections 155.22a, 355b, 356z.19, and
13 370c of the Illinois Insurance Code. The Department of
14 Insurance shall enforce the requirements of this Section. The
15 requirement that health benefits be covered as provided in this
16 Section is an exclusive power and function of the State and is
17 a denial and limitation under Article VII, Section 6,
18 subsection (h) of the Illinois Constitution. A home rule county
19 to which this Section applies must comply with every provision
20 of this Section.

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
3 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
4 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
5 10-3-18.)

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

8 (65 ILCS 5/10-4-2.3)

9 Sec. 10-4-2.3. Required health benefits. If a
10 municipality, including a home rule municipality, is a
11 self-insurer for purposes of providing health insurance
12 coverage for its employees, the coverage shall include coverage
13 for the post-mastectomy care benefits required to be covered by
14 a policy of accident and health insurance under Section 356t
15 and the coverage required under Sections 356g, 356g.5,
16 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
17 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
18 ~~and~~ 356z.26, ~~and~~ 356z.29, 356z.32, and 356z.33 of the Illinois
19 Insurance Code. The coverage shall comply with Sections
20 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
21 Code. The Department of Insurance shall enforce the
22 requirements of this Section. The requirement that health
23 benefits be covered as provided in this is an exclusive power
24 and 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
11 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1024, eff.
12 1-1-19; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
13 10-4-18.)

14 Section 25. The School Code is amended by changing Section
15 10-22.3f as follows:

16 (105 ILCS 5/10-22.3f)

17 Sec. 10-22.3f. Required health benefits. Insurance
18 protection and benefits for employees shall provide the
19 post-mastectomy care benefits required to be covered by a
20 policy of accident and health insurance under Section 356t and
21 the coverage required under Sections 356g, 356g.5, 356g.5-1,
22 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
23 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, ~~and~~ 356z.26, ~~and~~
24 356z.29, 356z.32, and 356z.33 of the Illinois Insurance Code.

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

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

12 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
13 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.
14 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

15 Section 30. The Illinois Insurance Code is amended by
16 adding Section 356z.33 as follows:

17 (215 ILCS 5/356z.33 new)

18 Sec. 356z.33. Coverage for the early treatment of serious
19 mental illnesses and serious emotional disturbances.

20 (a) As used in this Section:

21 "Serious emotional disturbance" has the meaning as
22 interpreted by the federal Substance Abuse and Mental Health
23 Services Administration.

24 "Serious mental illness" has the same meaning as in the

1 most recent edition of the Diagnostic and Statistical Manual of
2 Mental Disorders.

3 (b) For purposes of treatment in the early stages of a
4 mental health condition, a group or individual policy of
5 accident and health insurance or managed care plan that is
6 amended, delivered, issued, or renewed after the effective date
7 of this amendatory Act of the 101st General Assembly shall
8 provide coverage for the treatment of serious mental illnesses
9 and serious emotional disturbances, including, but not limited
10 to, the following evidence-based and evidence-informed bundled
11 treatment approaches:

12 (1) assertive community treatment and community
13 support team treatment, which are both community-based
14 treatment models that are covered for individuals under the
15 Medical Assistance Program under Article V of the Public
16 Aid Code; the covered bundled services for assertive
17 community treatment and community support team treatment
18 shall be comparable in scope to those covered under the
19 treatment models through the Medical Assistance Program;
20 and

21 (2) first episode psychosis treatment, covering at a
22 minimum the elements of the coordinated specialty care
23 model applied in the research trials conducted by the
24 National Institute of Mental Health in the Recovery of an
25 Initial Schizophrenia Episode studies.

26 Payment for the services performed under the treatment

1 models in paragraphs (1) and (2) shall be based on all the
2 components of the treatment model combined, rather than for
3 each separate service.

4 (c) For purposes of determining medical necessity for the
5 treatment approaches covered by this Section, neither
6 disability nor functional impairment shall be a precondition to
7 receive the treatment approaches since the goal of coverage
8 under this Section is early treatment of a serious mental
9 illness or serious emotional disturbance and preventing
10 progression of the illness or condition. Medical necessity
11 shall be presumed following a psychiatric inpatient
12 hospitalization if the treatment approaches are recommended by
13 a licensed physician, licensed clinical psychologist, licensed
14 professional clinical counselor, or licensed clinical social
15 worker. If, at any time, the Secretary of the United States
16 Department of Health and Human Services, or its successor
17 agency, promulgates rules or regulations to be published in the
18 Federal Register or publishes a comment in the Federal Register
19 or issues an opinion, guidance, or other action that would
20 require the State, pursuant to any provision of the Patient
21 Protection and Affordable Care Act, including, but not limited
22 to, 42 U.S.C. 18031(d)(3)(b), or any successor provision, to
23 defray the cost of any coverage for serious mental illnesses or
24 serious emotional disturbances outlined in this Section, then
25 the requirement that a group or individual policy of accident
26 and health insurance or managed care plan cover the bundled

1 treatment approaches outlined in this Section is inoperative
2 other than any such coverage authorized under Section 1902 of
3 the Social Security Act, 42 U.S.C. 1396a, and the State shall
4 not assume any obligation for the cost of the coverage.

5 Section 35. The Health Maintenance Organization Act is
6 amended by changing Section 5-3 as follows:

7 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

8 Sec. 5-3. Insurance Code provisions.

9 (a) Health Maintenance Organizations shall be subject to
10 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
11 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
12 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
13 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
14 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
15 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
16 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33,
17 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,
18 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,
19 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of
20 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
21 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

22 (b) For purposes of the Illinois Insurance Code, except for
23 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
24 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. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
8 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.
9 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised
10 10-4-18.)

11 Section 40. The Limited Health Service Organization Act is
12 amended by changing Section 4003 as follows:

13 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

14 Sec. 4003. Illinois Insurance Code provisions. Limited
15 health service organizations shall be subject to the provisions
16 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,
17 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,
18 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,
19 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
20 356z.33, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409,
21 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2,
22 XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.
23 For purposes of the Illinois Insurance Code, except for
24 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited

1 health service organizations in the following categories are
2 deemed to be domestic companies:

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

4 (2) 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 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
11 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
12 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

13 Section 45. The Voluntary Health Services Plans Act is
14 amended by changing Section 10 as follows:

15 (215 ILCS 165/10) (from Ch. 32, par. 604)

16 Sec. 10. Application of Insurance Code provisions. Health
17 services plan corporations and all persons interested therein
18 or dealing therewith shall be subject to the provisions of
19 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
20 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
21 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
22 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
23 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
24 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,

1 356z.32, 356z.33, 364.01, 367.2, 368a, 401, 401.1, 402, 403,
2 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of
3 Section 367 of the Illinois Insurance Code.

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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
11 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
12 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

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

20 Section 99. Effective date. This Act takes effect upon
21 becoming law.

1 INDEX

2 Statutes amended in order of appearance

3 5 ILCS 375/6.11

4 55 ILCS 5/5-1069.3

5 65 ILCS 5/10-4-2.3

6 105 ILCS 5/10-22.3f

7 215 ILCS 5/356z.33 new

8 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

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

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