



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB3503

by Rep. Natalie A. Manley

#### 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 5/356z.30a 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, 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 coverage for hearing instruments and related services for all individuals 65 years of age and older when a hearing care professional prescribes a hearing instrument. Provides that an insurer shall provide coverage for hearing instruments subject to certain restrictions. Provides that an insurer shall not be required to pay a claim if the insured filed such a claim 24 months prior to the date of filing the claim with the insurer and the claim was paid by any insurer.

LRB101 09822 AMC 54924 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 (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, and 356z.32 of the Illinois Insurance Code. The  
18 program of health benefits must comply with Sections 155.22a,  
19 155.37, 355b, 356z.19, 370c, and 370c.1 of the Illinois  
20 Insurance Code. The Department of Insurance shall enforce the  
21 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 356z.30a, and 356z.32 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.30a, and 356z.32 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.30a, and 356z.32 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.30a, and 356z.32 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 adding Section 356z.30a as follows:

5 (215 ILCS 5/356z.30a new)

6 Sec. 356z.30a. Coverage for hearing instruments.

7 (a) As used in this Section:

8 "Hearing care professional" means a person who is a  
9 licensed audiologist or a licensed physician.

10 "Hearing instrument" means any wearable non-disposable  
11 instrument or device designed to aid or compensate for impaired  
12 human hearing and any parts, attachments, or accessories for  
13 the instrument or device, including an ear mold but excluding  
14 batteries and cords.

15 "Related services" means those services necessary to  
16 assess, select, and adjust or fit the hearing instrument to  
17 ensure optimal performance, including, but not limited to:  
18 audiological exams, replacement ear molds, and repairs to the  
19 hearing instrument.

20 (b) An individual or group policy of accident and health  
21 insurance or managed care plan that is amended, delivered,  
22 issued, or renewed after the effective date of this amendatory  
23 Act of the 101st General Assembly must provide coverage for  
24 hearing instruments and related services for all individuals 65



1 years of age and older when a hearing care professional  
2 prescribes a hearing instrument to augment communication.

3 (c) An insurer shall provide coverage, subject to all  
4 applicable copayments, coinsurance, deductibles, and  
5 out-of-pocket limits for the cost of a hearing instrument for  
6 each ear, as needed, as well as related services, with a  
7 maximum for the hearing instrument and related services of no  
8 less than \$1,500 per hearing instrument every 24 months.

9 (d) An insurer shall not be required to pay a claim filed  
10 by its insured for the payment of the cost of a hearing  
11 instrument covered by this Section if less than 24 months  
12 before the date of the claim its insured filed a claim for  
13 payment of the cost of the hearing instrument and the claim was  
14 paid by the insurer.

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

17 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

18 Sec. 5-3. Insurance Code provisions.

19 (a) Health Maintenance Organizations shall be subject to  
20 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
21 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
22 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,  
23 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,  
24 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,

1 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,  
2 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a,  
3 356z.32, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,  
4 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,  
5 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection  
6 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,  
7 XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

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

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

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

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

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

25 (1) the Director shall give primary consideration to  
26 the continuation of benefits to enrollees and the financial

1 conditions of the acquired Health Maintenance Organization  
2 after the merger, consolidation, or other acquisition of  
3 control takes effect;

4 (2) (i) the criteria specified in subsection (1) (b) of  
5 Section 131.8 of the Illinois Insurance Code shall not  
6 apply and (ii) the Director, in making his determination  
7 with respect to the merger, consolidation, or other  
8 acquisition of control, need not take into account the  
9 effect on competition of the merger, consolidation, or  
10 other acquisition of control;

11 (3) the Director shall have the power to require the  
12 following information:

13 (A) certification by an independent actuary of the  
14 adequacy of the reserves of the Health Maintenance  
15 Organization sought to be acquired;

16 (B) pro forma financial statements reflecting the  
17 combined balance sheets of the acquiring company and  
18 the Health Maintenance Organization sought to be  
19 acquired as of the end of the preceding year and as of  
20 a date 90 days prior to the acquisition, as well as pro  
21 forma financial statements reflecting projected  
22 combined operation for a period of 2 years;

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

1           (D) such other information as the Director shall  
2           require.

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

9           (e) In considering any management contract or service  
10          agreement subject to Section 141.1 of the Illinois Insurance  
11          Code, the Director (i) shall, in addition to the criteria  
12          specified in Section 141.2 of the Illinois Insurance Code, take  
13          into account the effect of the management contract or service  
14          agreement on the continuation of benefits to enrollees and the  
15          financial condition of the health maintenance organization to  
16          be managed or serviced, and (ii) need not take into account the  
17          effect of the management contract or service agreement on  
18          competition.

19          (f) Except for small employer groups as defined in the  
20          Small Employer Rating, Renewability and Portability Health  
21          Insurance Act and except for medicare supplement policies as  
22          defined in Section 363 of the Illinois Insurance Code, a Health  
23          Maintenance Organization may by contract agree with a group or  
24          other enrollment unit to effect refunds or charge additional  
25          premiums under the following terms and conditions:

26                 (i) the amount of, and other terms and conditions with

1           respect to, the refund or additional premium are set forth  
2           in the group or enrollment unit contract agreed in advance  
3           of the period for which a refund is to be paid or  
4           additional premium is to be charged (which period shall not  
5           be less than one year); and

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

21          The Health Maintenance Organization shall include a  
22          statement in the evidence of coverage issued to each enrollee  
23          describing the possibility of a refund or additional premium,  
24          and upon request of any group or enrollment unit, provide to  
25          the group or enrollment unit a description of the method used  
26          to calculate (1) the Health Maintenance Organization's

1 profitable experience with respect to the group or enrollment  
2 unit and the resulting refund to the group or enrollment unit  
3 or (2) the Health Maintenance Organization's unprofitable  
4 experience with respect to the group or enrollment unit and the  
5 resulting additional premium to be paid by the group or  
6 enrollment unit.

7 In no event shall the Illinois Health Maintenance  
8 Organization Guaranty Association be liable to pay any  
9 contractual obligation of an insolvent organization to pay any  
10 refund authorized under this Section.

11 (g) Rulemaking authority to implement Public Act 95-1045,  
12 if 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. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;  
18 100-138, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1026, eff.  
19 8-22-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
20 10-4-18.)

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

23 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

24 Sec. 4003. Illinois Insurance Code provisions. Limited

1 health service organizations shall be subject to the provisions  
2 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,  
3 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,  
4 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,  
5 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
6 356z.30a, 356z.32, 368a, 401, 401.1, 402, 403, 403A, 408,  
7 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2,  
8 XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois  
9 Insurance Code. For purposes of the Illinois Insurance Code,  
10 except for Sections 444 and 444.1 and Articles XIII and XIII  
11 1/2, limited health service organizations in the following  
12 categories are deemed to be domestic companies:

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

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

20 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
21 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.  
22 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

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

1 (215 ILCS 165/10) (from Ch. 32, par. 604)

2 Sec. 10. Application of Insurance Code provisions. Health  
3 services plan corporations and all persons interested therein  
4 or dealing therewith shall be subject to the provisions of  
5 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
6 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,  
7 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,  
8 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,  
9 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,  
10 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
11 356z.30a, 356z.32, 364.01, 367.2, 368a, 401, 401.1, 402, 403,  
12 403A, 408, 408.2, and 412, and paragraphs (7) and (15) of  
13 Section 367 of the Illinois Insurance Code.

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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
21 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
22 1-1-19; 100-1102, eff. 1-1-19; revised 10-4-18.)

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



1 (305 ILCS 5/5-16.8)

2 Sec. 5-16.8. Required health benefits. The medical  
3 assistance program shall (i) provide the post-mastectomy care  
4 benefits required to be covered by a policy of accident and  
5 health insurance under Section 356t and the coverage required  
6 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26, ~~and~~  
7 356z.29, 356z.30a, and 356z.32 of the Illinois Insurance Code  
8 and (ii) be subject to the provisions of Sections 356z.19,  
9 364.01, 370c, and 370c.1 of the Illinois Insurance Code.

10 On and after July 1, 2012, the Department shall reduce any  
11 rate of reimbursement for services or other payments or alter  
12 any methodologies authorized by this Code to reduce any rate of  
13 reimbursement for services or other payments in accordance with  
14 Section 5-5e.

15 To ensure full access to the benefits set forth in this  
16 Section, on and after January 1, 2016, the Department shall  
17 ensure that provider and hospital reimbursement for  
18 post-mastectomy care benefits required under this Section are  
19 no lower than the Medicare reimbursement rate.

20 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;  
21 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; 100-863, eff.  
22 8-14-18; 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; revised  
23 10-4-18.)

24 Section 95. No acceleration or delay. Where this Act makes  
25 changes in a statute that is represented in this Act by text

1 that is not yet or no longer in effect (for example, a Section  
2 represented by multiple versions), the use of that text does  
3 not accelerate or delay the taking effect of (i) the changes  
4 made by this Act or (ii) provisions derived from any other  
5 Public Act.