



## 102ND GENERAL ASSEMBLY

### State of Illinois

2021 and 2022

HB2473

Introduced 2/19/2021, 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.43 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.

LRB102 13361 BMS 18705 b

FISCAL NOTE ACT  
MAY APPLY

STATE MANDATES  
ACT MAY REQUIRE  
REIMBURSEMENT

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  
9 provide the post-mastectomy care benefits required to be  
10 covered by a policy of accident and health insurance under  
11 Section 356t of the Illinois Insurance Code. The program of  
12 health benefits shall provide the coverage required under  
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x,  
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
17 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance  
18 Code. The program of health benefits must comply with Sections  
19 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article  
20 XXXIIB of the Illinois Insurance Code. The Department of  
21 Insurance shall enforce the requirements of this Section with  
22 respect to Sections 370c and 370c.1 of the Illinois Insurance  
23 Code; all other requirements of this Section shall be enforced

1 by the Department of Central 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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
9 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
10 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,  
11 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
12 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
13 1-1-21.)

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

16 (55 ILCS 5/5-1069.3)

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

1 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
2 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43  
3 of the Illinois Insurance Code. The coverage shall comply with  
4 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
5 Insurance Code. The Department of Insurance shall enforce the  
6 requirements of this Section. The requirement that health  
7 benefits be covered as provided in this Section is an  
8 exclusive power and function of the State and is a denial and  
9 limitation under Article VII, Section 6, subsection (h) of the  
10 Illinois Constitution. A home rule county to which this  
11 Section applies must comply with every provision of this  
12 Section.

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

19 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
20 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
21 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
22 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
23 101-625, eff. 1-1-21.)

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

1 (65 ILCS 5/10-4-2.3)

2 Sec. 10-4-2.3. Required health benefits. If a  
3 municipality, including a home rule municipality, is a  
4 self-insurer for purposes of providing health insurance  
5 coverage for its employees, the coverage shall include  
6 coverage for the post-mastectomy care benefits required to be  
7 covered by a policy of accident and health insurance under  
8 Section 356t and the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9,  
10 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
11 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
12 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance  
13 Code. The coverage shall comply with Sections 155.22a, 355b,  
14 356z.19, and 370c of the Illinois Insurance Code. The  
15 Department of Insurance shall enforce the requirements of this  
16 Section. The requirement that health benefits be covered as  
17 provided in this is an exclusive power and function of the  
18 State and is a denial and limitation under Article VII,  
19 Section 6, subsection (h) of the Illinois Constitution. A home  
20 rule municipality to which this Section applies must comply  
21 with every provision of this Section.

22 Rulemaking authority to implement Public Act 95-1045, if  
23 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

1 Administrative Rules; any purported rule not so adopted, for  
2 whatever reason, is unauthorized.

3 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
4 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
5 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
6 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
7 101-625, eff. 1-1-21.)

8 Section 20. The School Code is amended by changing Section  
9 10-22.3f as follows:

10 (105 ILCS 5/10-22.3f)

11 Sec. 10-22.3f. Required health benefits. Insurance  
12 protection and benefits for employees shall provide the  
13 post-mastectomy care benefits required to be covered by a  
14 policy of accident and health insurance under Section 356t and  
15 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
16 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,  
17 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
18 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43  
19 of the Illinois Insurance Code. Insurance policies shall  
20 comply with Section 356z.19 of the Illinois Insurance Code.  
21 The coverage shall comply with Sections 155.22a, 355b, and  
22 370c of the Illinois Insurance Code. The Department of  
23 Insurance shall enforce the requirements 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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
7 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
8 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
9 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
10 101-625, eff. 1-1-21.)

11 Section 25. The Illinois Insurance Code is amended by  
12 changing Sections 356u and 356x and by adding Section 356z.43  
13 as follows:

14 (215 ILCS 5/356u)

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

16 (a) A group policy of accident and health insurance that  
17 provides coverage for hospital or medical treatment or  
18 services for illness on an expense-incurred basis and is  
19 amended, delivered, issued, or renewed after the effective  
20 date of this amendatory Act of 1997 shall provide coverage for  
21 all of the following:

22 (1) An annual cervical smear or Pap smear test for  
23 female insureds.

24 (2) An annual digital rectal examination and a

1 prostate-specific antigen test, for male insureds ~~upon the~~  
2 ~~recommendation of a physician licensed to practice~~  
3 ~~medicine in all its branches~~ for:

4 (A) asymptomatic men age 50 and over;

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

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

8 (3) Surveillance tests for ovarian cancer for female  
9 insureds who are at risk for ovarian cancer.

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

13 (c) For the purposes of this Section:

14 "At risk for ovarian cancer" means:

15 (1) having a family history (i) with one or more  
16 first-degree relatives with ovarian cancer, (ii) of  
17 clusters of women relatives with breast cancer, or (iii)  
18 of nonpolyposis colorectal cancer; or

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

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

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

24 (215 ILCS 5/356x)

25 Sec. 356x. Coverage for colorectal cancer examination and



1 screening.

2 (a) An individual or group policy of accident and health  
3 insurance or a managed care plan that is amended, delivered,  
4 issued, or renewed on or after the effective date of this  
5 amendatory Act of the 93rd General Assembly that provides  
6 coverage to a resident of this State must provide benefits or  
7 coverage for all colorectal cancer examinations and laboratory  
8 tests for colorectal cancer ~~as prescribed by a physician,~~ in  
9 accordance with the published American Cancer Society  
10 guidelines on colorectal cancer screening or other existing  
11 colorectal cancer screening guidelines issued by nationally  
12 recognized professional medical societies or federal  
13 government agencies, including the National Cancer Institute,  
14 the Centers for Disease Control and Prevention, and the  
15 American College of Gastroenterology.

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

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

21 (215 ILCS 5/356z.43 new)

22 Sec. 356z.43. Coverage for sexually transmitted disease  
23 testing. A group or individual policy of accident and health  
24 insurance amended, delivered, issued, or renewed after the  
25 effective date of this amendatory Act of the 102nd General

1 Assembly shall provide coverage for testing to establish the  
2 presence or absence of sexually transmitted diseases or  
3 infections.

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

6 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

7 Sec. 5-3. Insurance Code provisions.

8 (a) Health Maintenance Organizations shall be subject to  
9 the provisions of Sections 133, 134, 136, 137, 139, 140,  
10 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,  
11 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,  
12 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,  
13 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
14 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
15 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,  
16 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,  
17 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,  
18 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,  
19 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection  
20 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,  
21 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois  
22 Insurance Code.

23 (b) For purposes of the Illinois Insurance Code, except  
24 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,

1 Health Maintenance Organizations in the following categories  
2 are deemed to be "domestic companies":

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

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

7 (3) a corporation organized under the laws of another  
8 state, 30% or more of the enrollees of which are residents  
9 of this State, except a corporation subject to  
10 substantially the same requirements in its state of  
11 organization as is a "domestic company" under Article VIII  
12 1/2 of the Illinois Insurance Code.

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

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

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

1 other acquisition of control;

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

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

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

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

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

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

26 (e) In considering any management contract or service

1 agreement subject to Section 141.1 of the Illinois Insurance  
2 Code, the Director (i) shall, in addition to the criteria  
3 specified in Section 141.2 of the Illinois Insurance Code,  
4 take into account the effect of the management contract or  
5 service agreement on the continuation of benefits to enrollees  
6 and the financial condition of the health maintenance  
7 organization to be managed or serviced, and (ii) need not take  
8 into account the effect of the management contract or service  
9 agreement on competition.

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

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

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

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

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

24 In no event shall the Illinois Health Maintenance  
25 Organization Guaranty Association be liable to pay any  
26 contractual obligation of an insolvent organization to pay any

1 refund authorized under this Section.

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

8 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
9 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
10 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
11 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;  
12 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
13 1-1-20; 101-625, eff. 1-1-21.)

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

16 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

17 Sec. 4003. Illinois Insurance Code provisions. Limited  
18 health service organizations shall be subject to the  
19 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
20 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
21 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,  
22 355b, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,  
23 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a,  
24 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and

1 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,  
2 XXV, and XXVI of the Illinois Insurance Code. For purposes of  
3 the Illinois Insurance Code, except for Sections 444 and 444.1  
4 and Articles XIII and XIII 1/2, limited health service  
5 organizations in the following categories are deemed to be  
6 domestic companies:

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

8 (2) a corporation organized under the laws of another  
9 state, 30% or more of the enrollees of which are residents  
10 of this State, except a corporation subject to  
11 substantially the same requirements in its state of  
12 organization as is a domestic company under Article VIII  
13 1/2 of the Illinois Insurance Code.

14 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
15 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.  
16 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
17 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

20 (215 ILCS 165/10) (from Ch. 32, par. 604)

21 Sec. 10. Application of Insurance Code provisions. Health  
22 services plan corporations and all persons interested therein  
23 or dealing therewith shall be subject to the provisions of  
24 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,



1 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
2 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,  
3 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
4 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
5 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
6 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 364.01,  
7 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
8 and paragraphs (7) and (15) of Section 367 of the Illinois  
9 Insurance Code.

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. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
17 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
18 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
19 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
20 101-625, eff. 1-1-21.)

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

23 (305 ILCS 5/5-16.8)

24 Sec. 5-16.8. Required health benefits. The medical

1 assistance program shall (i) provide the post-mastectomy care  
2 benefits required to be covered by a policy of accident and  
3 health insurance under Section 356t and the coverage required  
4 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26,  
5 356z.29, 356z.32, 356z.33, 356z.34, ~~and~~ 356z.35, and 356z.43  
6 of the Illinois Insurance Code and (ii) be subject to the  
7 provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of  
8 the Illinois Insurance Code.

9 The Department, by rule, shall adopt a model similar to  
10 the requirements of Section 356z.39 of the Illinois Insurance  
11 Code.

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

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

22 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;  
23 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.  
24 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,  
25 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)

26 Section 999. Effective date. This Act takes effect upon

1 becoming law.