

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 Section 356w and by adding Section 356z.43 as
13 follows:

14 (215 ILCS 5/356w)

15 Sec. 356w. Diabetes self-management training and
16 education.

17 (a) A group policy of accident and health insurance that
18 is amended, delivered, issued, or renewed after the effective
19 date of this amendatory Act of 1998 shall provide coverage for
20 outpatient self-management training and education, equipment,
21 and supplies, as set forth in this Section, for the treatment
22 of type 1 diabetes, type 2 diabetes, and gestational diabetes
23 mellitus.

24 (b) As used in this Section:

1 "Diabetes self-management training" means instruction in
2 an outpatient setting which enables a diabetic patient to
3 understand the diabetic management process and daily
4 management of diabetic therapy as a means of avoiding frequent
5 hospitalization and complications. Diabetes self-management
6 training shall include the content areas listed in the
7 National Standards for Diabetes Self-Management Education
8 Programs as published by the American Diabetes Association,
9 including medical nutrition therapy and education programs, as
10 defined by the contract of insurance, that allow the patient
11 to maintain an A1c level within the range identified in
12 nationally recognized standards of care.

13 "Medical nutrition therapy" shall have the meaning
14 ascribed to that term in the Dietitian Nutritionist Practice
15 Act.

16 "Physician" means a physician licensed to practice
17 medicine in all of its branches providing care to the
18 individual.

19 "Qualified provider" for an individual that is enrolled
20 in:

- 21 (1) a health maintenance organization that uses a
22 primary care physician to control access to specialty care
23 means (A) the individual's primary care physician licensed
24 to practice medicine in all of its branches, (B) a
25 physician licensed to practice medicine in all of its
26 branches to whom the individual has been referred by the

1 primary care physician, or (C) a certified, registered, or
2 licensed network health care professional with expertise
3 in diabetes management to whom the individual has been
4 referred by the primary care physician.

5 (2) an insurance plan means (A) a physician licensed
6 to practice medicine in all of its branches or (B) a
7 certified, registered, or licensed health care
8 professional with expertise in diabetes management to whom
9 the individual has been referred by a physician.

10 (c) Coverage under this Section for diabetes
11 self-management training, including medical nutrition
12 education, shall be limited to the following:

13 (1) Up to 3 medically necessary visits to a qualified
14 provider upon initial diagnosis of diabetes by the
15 patient's physician or, if diagnosis of diabetes was made
16 within one year prior to the effective date of this
17 amendatory Act of 1998 where the insured was a covered
18 individual, up to 3 medically necessary visits to a
19 qualified provider within one year after that effective
20 date.

21 (2) Up to 2 medically necessary visits to a qualified
22 provider upon a determination by a patient's physician
23 that a significant change in the patient's symptoms or
24 medical condition has occurred. A "significant change" in
25 condition means symptomatic hyperglycemia (greater than
26 250 mg/dl on repeated occasions), severe hypoglycemia

1 (requiring the assistance of another person), onset or
2 progression of diabetes, or a significant change in
3 medical condition that would require a significantly
4 different treatment regimen.

5 Payment by the insurer or health maintenance organization
6 for the coverage required for diabetes self-management
7 training pursuant to the provisions of this Section is only
8 required to be made for services provided. No coverage is
9 required for additional visits beyond those specified in items
10 (1) and (2) of this subsection.

11 Coverage under this subsection (c) for diabetes
12 self-management training shall be subject to the same
13 deductible, co-payment, and co-insurance provisions that apply
14 to coverage under the policy for other services provided by
15 the same type of provider.

16 (d) Coverage shall be provided for the following equipment
17 when medically necessary and prescribed by a physician
18 licensed to practice medicine in all of its branches. Coverage
19 for the following items shall be subject to deductible,
20 co-payment and co-insurance provisions provided for under the
21 policy or a durable medical equipment rider to the policy:

- 22 (1) blood glucose monitors;
23 (2) blood glucose monitors for the legally blind;
24 (3) cartridges for the legally blind; and
25 (4) lancets and lancing devices.

26 This subsection does not apply to a group policy of

1 accident and health insurance that does not provide a durable
2 medical equipment benefit.

3 (e) Coverage shall be provided for the following
4 pharmaceuticals and supplies when medically necessary and
5 prescribed by a physician licensed to practice medicine in all
6 of its branches. Coverage for the following items shall be
7 subject to the same coverage, deductible, co-payment, and
8 co-insurance provisions under the policy or a drug rider to
9 the policy, except as otherwise provided for under Sections
10 ~~Section~~ 356z.41 and 356z.43:

11 (1) insulin;

12 (2) syringes and needles;

13 (3) test strips for glucose monitors;

14 (4) FDA approved oral agents used to control blood
15 sugar; and

16 (5) glucagon emergency kits.

17 This subsection does not apply to a group policy of
18 accident and health insurance that does not provide a drug
19 benefit.

20 (f) Coverage shall be provided for regular foot care exams
21 by a physician or by a physician to whom a physician has
22 referred the patient. Coverage for regular foot care exams
23 shall be subject to the same deductible, co-payment, and
24 co-insurance provisions that apply under the policy for other
25 services provided by the same type of provider.

26 (g) If authorized by a physician, diabetes self-management

1 training may be provided as a part of an office visit, group
2 setting, or home visit.

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

6 (Source: P.A. 101-625, eff. 1-1-21.)

7 (215 ILCS 5/356z.43 new)

8 Sec. 356z.43. Cost sharing in diabetic self-management
9 supplies; limits; confidentiality of rebate information.

10 (a) As used in this Section, "diabetic self-management
11 supplies" means items determined to be medically necessary for
12 a person with diabetes for diabetic self-management, including
13 blood test strips for glucose monitors and the monthly lease
14 of an insulin pump. "Diabetic self-management supplies" do not
15 include insulin drugs.

16 (b) This Section applies to a group or individual policy
17 of accident and health insurance amended, delivered, issued,
18 or renewed on or after the effective date of this amendatory
19 Act of the 102nd General Assembly.

20 (c) An insurer that provides coverage for diabetic
21 self-management supplies pursuant to the terms of a health
22 coverage plan the insurer offers shall limit the total amount
23 that an insured is required to pay for a 30-day supply of
24 diabetic self-management supplies at an amount not to exceed
25 \$100, regardless of the quantity or type of diabetic

1 self-management supplies required by an insured with diabetes
2 for diabetic self-management.

3 (d) Nothing in this Section prevents an insurer from
4 reducing an insured's cost sharing by an amount greater than
5 the amount specified in subsection (c).

6 (e) The Director may use any of the Director's enforcement
7 powers to obtain an insurer's compliance with this Section.

8 (f) The Department may adopt rules as necessary to
9 implement and administer this Section and to align it with
10 federal requirements.

11 (g) On January 1 of each year, the limit on the amount that
12 an insured is required to pay for a 30-day supply of diabetic
13 self-management supplies shall increase by a percentage equal
14 to the percentage change from the preceding year in the
15 medical care component of the Consumer Price Index of the
16 Bureau of Labor Statistics of the United States Department of
17 Labor.

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

20 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

21 Sec. 5-3. Insurance Code provisions.

22 (a) Health Maintenance Organizations shall be subject to
23 the provisions of Sections 133, 134, 136, 137, 139, 140,
24 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,

1 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
2 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
3 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
4 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
5 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
6 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,
7 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
8 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
9 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
10 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
11 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
12 Insurance Code.

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

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

19 (2) a corporation organized under the laws of this
20 State; or

21 (3) a corporation organized under the laws of another
22 state, 30% or more of the enrollees of which are residents
23 of this State, except a corporation subject to
24 substantially the same requirements in its state of
25 organization as is a "domestic company" under Article VIII
26 1/2 of the Illinois Insurance Code.

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

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

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

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

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

21 (B) pro forma financial statements reflecting the
22 combined balance sheets of the acquiring company and
23 the Health Maintenance Organization sought to be
24 acquired as of the end of the preceding year and as of
25 a date 90 days prior to the acquisition, as well as pro
26 forma financial statements reflecting projected

1 combined operation for a period of 2 years;

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

6 (D) such other information as the Director shall
7 require.

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

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

24 (f) Except for small employer groups as defined in the
25 Small Employer Rating, Renewability and Portability Health
26 Insurance Act and except for medicare supplement policies as

1 defined in Section 363 of the Illinois Insurance Code, a
2 Health Maintenance Organization may by contract agree with a
3 group or other enrollment unit to effect refunds or charge
4 additional premiums under the following terms and conditions:

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

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

26 The Health Maintenance Organization shall include a

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

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

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

22 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
23 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
24 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
25 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
26 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.

1 1-1-20; 101-625, eff. 1-1-21.)

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
7 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
8 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
9 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
10 355b, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
11 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a,
12 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and
13 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,
14 XXV, and XXVI of the Illinois Insurance Code. For purposes of
15 the Illinois Insurance Code, except for Sections 444 and 444.1
16 and Articles XIII and XIII 1/2, limited health service
17 organizations in the following categories are deemed to be
18 domestic companies:

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

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

1 1/2 of the Illinois Insurance Code.

2 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
3 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
4 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
5 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

8 (215 ILCS 165/10) (from Ch. 32, par. 604)

9 Sec. 10. Application of Insurance Code provisions. Health
10 services plan corporations and all persons interested therein
11 or dealing therewith shall be subject to the provisions of
12 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
13 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
14 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,
15 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
16 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
17 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
18 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 364.01,
19 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
20 and paragraphs (7) and (15) of Section 367 of the Illinois
21 Insurance Code.

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

1 Act and all rules and procedures of the Joint Committee on
2 Administrative Rules; any purported rule not so adopted, for
3 whatever reason, is unauthorized.

4 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
5 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
6 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
7 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
8 101-625, eff. 1-1-21.)

9 Section 99. Effective date. This Act takes effect January
10 1, 2022.