



## 102ND GENERAL ASSEMBLY

### State of Illinois

### 2021 and 2022

### HB4335

Introduced 1/5/2022, by Rep. Katie Stuart

#### 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.53 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. Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2024 and that provides coverage for prescription drugs shall provide coverage for vaginal estrogen, and that coverage for vaginal estrogen shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement. 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, the Voluntary Health Services Plans Act, and the Medical Assistance Article of the Illinois Public Aid Code.

LRB102 22718 BMS 31864 b

STATE MANDATES  
ACT MAY REQUIRE  
REIMBURSEMENT

A BILL FOR

1 AN ACT concerning regulation.

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

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

6 (5 ILCS 375/6.11)

7 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, 356q, 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, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
18 and 356z.53 ~~and 356z.43~~ of the Illinois Insurance Code. The  
19 program of health benefits must comply with Sections 155.22a,  
20 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of  
21 the Illinois Insurance Code. The Department of Insurance shall  
22 enforce the requirements of this Section with respect to  
23 Sections 370c and 370c.1 of the Illinois Insurance Code; all

1 other requirements of this Section shall be enforced by the  
2 Department of Central Management Services.

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

9 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;  
10 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
11 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,  
12 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
13 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised  
14 10-26-21.)

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

17 (55 ILCS 5/5-1069.3)

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

1 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
2 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
3 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
4 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, and 356.53 ~~and~~  
5 ~~356z.43~~ of the Illinois Insurance Code. The coverage shall  
6 comply with Sections 155.22a, 355b, 356z.19, and 370c of the  
7 Illinois Insurance Code. The Department of Insurance shall  
8 enforce the requirements of this Section. The requirement that  
9 health benefits be covered as provided in this Section is an  
10 exclusive power and function of the State and is a denial and  
11 limitation under Article VII, Section 6, subsection (h) of the  
12 Illinois Constitution. A home rule county to which this  
13 Section applies must comply with every provision of this  
14 Section.

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

21 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
22 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
23 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
24 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised  
26 10-26-21.)

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

3           (65 ILCS 5/10-4-2.3)

4           Sec. 10-4-2.3. Required health benefits. If a  
5 municipality, including a home rule municipality, is a  
6 self-insurer for purposes of providing health insurance  
7 coverage for its employees, the coverage shall include  
8 coverage for the post-mastectomy care benefits required to be  
9 covered by a policy of accident and health insurance under  
10 Section 356t and the coverage required under Sections 356g,  
11 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.6, 356z.8,  
12 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
13 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,  
14 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
15 356z.48, 356z.51, and 356z.53 ~~and 356z.43~~ of the Illinois  
16 Insurance Code. The coverage shall comply with Sections  
17 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
18 Code. The Department of Insurance shall enforce the  
19 requirements of this Section. The requirement that health  
20 benefits be covered as provided in this is an exclusive power  
21 and function of the State and is a denial and limitation under  
22 Article VII, Section 6, subsection (h) of the Illinois  
23 Constitution. A home rule municipality to which this Section  
24 applies must comply with every provision of this Section.

1 Rulemaking authority to implement Public Act 95-1045, if  
2 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
8 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
9 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
10 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
11 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised  
12 10-26-21.)

13 Section 20. The School Code is amended by changing Section  
14 10-22.3f as follows:

15 (105 ILCS 5/10-22.3f)

16 Sec. 10-22.3f. Required health benefits. Insurance  
17 protection and benefits for employees shall provide the  
18 post-mastectomy care benefits required to be covered by a  
19 policy of accident and health insurance under Section 356t and  
20 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
21 356q, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11,  
22 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
23 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,  
24 356z.41, 356z.45, 356z.46, 356z.47, 356z.51, and 356z.53 and

1 ~~356z.43~~ of the Illinois Insurance Code. Insurance policies  
2 shall comply with Section 356z.19 of the Illinois Insurance  
3 Code. The coverage shall comply with Sections 155.22a, 355b,  
4 and 370c of the Illinois Insurance Code. The Department of  
5 Insurance shall enforce the 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
13 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
14 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
15 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;  
16 102-665, eff. 10-8-21; revised 10-27-21.)

17 Section 25. The Illinois Insurance Code is amended by  
18 adding Section 356z.53 as follows:

19 (215 ILCS 5/356z.53 new)

20 Sec. 356z.53. Coverage of prescription estrogen.

21 (a) A group or individual policy of accident and health  
22 insurance or a managed care plan that is amended, delivered,  
23 issued, or renewed on or after January 1, 2024 and that  
24 provides coverage for prescription drugs shall provide

1 coverage for vaginal estrogen.

2 (b) A policy subject to this Section shall not impose a  
3 deductible, coinsurance, copayment, or any other cost-sharing  
4 requirement on the coverage provided.

5 Section 30. 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,  
11 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,  
12 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,  
13 355.3, 355b, 356g.5-1, 356m, 356q, 356v, 356w, 356x, 356y,  
14 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,  
15 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,  
16 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
17 356z.30, 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36,  
18 356z.40, 356z.41, 356z.43, 356z.46, 356z.47, 356z.48, 356z.50,  
19 356z.51, 356z.53, 364, 364.01, 367.2, 367.2-5, 367i, 368a,  
20 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403,  
21 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
22 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
23 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
24 Illinois Insurance Code.



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

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

7 (2) a corporation organized under the laws of this  
8 State; or

9 (3) a corporation organized under the laws of another  
10 state, 30% or more of the enrollees of which are residents  
11 of this State, except a corporation subject to  
12 substantially the same requirements in its state of  
13 organization as is a "domestic company" under Article VIII  
14 1/2 of the Illinois Insurance Code.

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

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

23 (2) (i) the criteria specified in subsection (1) (b) of  
24 Section 131.8 of the Illinois Insurance Code shall not  
25 apply and (ii) the Director, in making his determination  
26 with respect to the merger, consolidation, or other

1 acquisition of control, need not take into account the  
2 effect on competition of the merger, consolidation, or  
3 other acquisition of control;

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

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

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

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

20 (D) such other information as the Director shall  
21 require.

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

1 to its health care certificates).

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

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

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

25 (ii) the amount of the refund or additional premium  
26 shall not exceed 20% of the Health Maintenance

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

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

26 In no event shall the Illinois Health Maintenance

1 Organization Guaranty Association be liable to pay any  
2 contractual obligation of an insolvent organization to pay any  
3 refund authorized under this Section.

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

10 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
11 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.  
12 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,  
13 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
14 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
15 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
16 eff. 10-8-21; revised 10-27-21.)

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

19 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

20 Sec. 4003. Illinois Insurance Code provisions. Limited  
21 health service organizations shall be subject to the  
22 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
23 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
24 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,

1 355b, 356q, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,  
2 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.46,  
3 356z.47, 356z.51, 356z.53, ~~356z.43,~~ 368a, 401, 401.1, 402,  
4 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles  
5 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
6 the Illinois Insurance Code. For purposes of the Illinois  
7 Insurance Code, except for Sections 444 and 444.1 and Articles  
8 XIII and XIII 1/2, limited health service organizations in the  
9 following categories are deemed to be domestic companies:

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

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

17 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
18 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.  
19 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,  
20 eff. 1-1-22; revised 10-27-21.)

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

23 (215 ILCS 165/10) (from Ch. 32, par. 604)

24 Sec. 10. Application of Insurance Code provisions. Health

1 services plan corporations and all persons interested therein  
2 or dealing therewith shall be subject to the provisions of  
3 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
4 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
5 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,  
6 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6,  
7 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
8 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26,  
9 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.40,  
10 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, ~~356z.43,~~ 364.01,  
11 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
12 and paragraphs (7) and (15) of Section 367 of the Illinois  
13 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. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
21 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.  
22 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,  
23 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;  
24 revised 10-27-21.)

25 Section 45. The Illinois Public Aid Code is amended by

1 changing Section 5-16.8 as follows:

2 (305 ILCS 5/5-16.8)

3 Sec. 5-16.8. Required health benefits. The medical  
4 assistance program shall (i) provide the post-mastectomy care  
5 benefits required to be covered by a policy of accident and  
6 health insurance under Section 356t and the coverage required  
7 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,  
8 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
9 356z.47, 356z.51, and 356z.53 ~~and 356z.43~~ of the Illinois  
10 Insurance Code, (ii) be subject to the provisions of Sections  
11 356z.19, ~~356z.43,~~ 356z.44, 356z.49, 364.01, 370c, and 370c.1  
12 of the Illinois Insurance Code, and (iii) be subject to the  
13 provisions of subsection (d-5) of Section 10 of the Network  
14 Adequacy and Transparency Act.

15 The Department, by rule, shall adopt a model similar to  
16 the requirements of Section 356z.39 of the Illinois Insurance  
17 Code.

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

23 To ensure full access to the benefits set forth in this  
24 Section, on and after January 1, 2016, the Department shall  
25 ensure that provider and hospital reimbursement for



1 post-mastectomy care benefits required under this Section are  
2 no lower than the Medicare reimbursement rate.

3 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;  
4 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.  
5 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,  
6 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
7 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; revised 10-27-21.)