



Sen. Adriane Johnson

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1 AMENDMENT TO SENATE BILL 968

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 968 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of  
5 1971 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,

1 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance  
2 Code. The program of health benefits must comply with Sections  
3 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article  
4 XXXIIB of the Illinois Insurance Code. The Department of  
5 Insurance shall enforce the requirements of this Section with  
6 respect to Sections 370c and 370c.1 of the Illinois Insurance  
7 Code; all other requirements of this Section shall be enforced  
8 by the Department of Central Management Services.

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

15 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
16 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
17 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,  
18 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
19 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
20 1-1-21.)

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

23 (55 ILCS 5/5-1069.3)

24 Sec. 5-1069.3. Required health benefits. If a county,

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

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

26 (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; 101-81, eff. 7-12-19; 101-281,  
3 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
4 101-625, eff. 1-1-21.)

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

7 (65 ILCS 5/10-4-2.3)

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

1 Section 6, subsection (h) of the Illinois Constitution. A home  
2 rule municipality to which this Section applies must comply  
3 with every provision of this Section.

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

10 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
11 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
12 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
13 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
14 101-625, eff. 1-1-21.)

15 Section 20. The School Code is amended by changing Section  
16 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

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

1 356z.30a, 356z.32, 356z.33, 356z.36, ~~and 356z.41~~, and 356z.43  
2 of the Illinois Insurance Code. Insurance policies shall  
3 comply with Section 356z.19 of the Illinois Insurance Code.  
4 The coverage shall comply with Sections 155.22a, 355b, and  
5 370c of the Illinois Insurance Code. The Department of  
6 Insurance shall enforce the requirements of this Section.

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

13 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
14 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
15 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
16 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
17 101-625, eff. 1-1-21.)

18 Section 25. The Illinois Insurance Code is amended by  
19 adding Section 356z.43 as follows:

20 (215 ILCS 5/356z.43 new)

21 Sec. 356z.43. Coverage for pancreatic cancer screening. A  
22 group or individual policy of accident and health insurance or  
23 a managed care plan that is amended, delivered, issued, or  
24 renewed on or after the effective date of this amendatory Act

1 of the 102nd General Assembly shall provide coverage for  
2 pancreatic cancer screening.

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

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

6 Sec. 5-3. Insurance Code provisions.

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

22 (b) For purposes of the Illinois Insurance Code, except  
23 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,  
24 Health Maintenance Organizations in the following categories

1 are deemed to be "domestic companies":

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

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

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

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

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

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



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

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

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

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

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

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

25           (e) In considering any management contract or service  
26 agreement subject to Section 141.1 of the Illinois Insurance

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

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

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

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

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

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

23 In no event shall the Illinois Health Maintenance  
24 Organization Guaranty Association be liable to pay any  
25 contractual obligation of an insolvent organization to pay any  
26 refund authorized under this Section.

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

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

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

15 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

16 Sec. 4003. Illinois Insurance Code provisions. Limited  
17 health service organizations shall be subject to the  
18 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
19 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
20 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,  
21 355b, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,  
22 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a,  
23 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and  
24 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,

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

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

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

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

19 (215 ILCS 165/10) (from Ch. 32, par. 604)

20 Sec. 10. Application of Insurance Code provisions. Health  
21 services plan corporations and all persons interested therein  
22 or dealing therewith shall be subject to the provisions of  
23 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
24 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,

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

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

15 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
16 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
17 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
18 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
19 101-625, eff. 1-1-21.)

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

22 (305 ILCS 5/5-16.8)

23 Sec. 5-16.8. Required health benefits. The medical  
24 assistance program shall (i) provide the post-mastectomy care

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

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

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

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

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