



Sen. Jil Tracy

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10200SB2158sam001

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1 AMENDMENT TO SENATE BILL 2158

2 AMENDMENT NO. _____. Amend Senate Bill 2158 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 port-wine stain treatment.

22 (a) A group or individual policy of accident and health
23 insurance or managed care plan amended, delivered, issued, or
24 renewed on or after January 1, 2022 shall provide coverage for

1 treatment to eliminate or provide maximum feasible treatment
2 of nevus flammeus, also known as port-wine stains, including,
3 but not limited to, port-wine stains caused by Sturge-Weber
4 syndrome. For purposes of this Section, treatment or maximum
5 feasible treatment shall include early intervention treatment,
6 including topical, intralesional, or systemic medical therapy
7 and surgery, in children aged 5 years and younger that is
8 intended to prevent functional impairment related to vision
9 and oral function, inflammation, bleeding, and infection.

10 (b) Coverage for treatment required under this Section
11 shall not include treatment solely for cosmetic purposes.

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

14 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

15 Sec. 5-3. Insurance Code provisions.

16 (a) Health Maintenance Organizations shall be subject to
17 the provisions of Sections 133, 134, 136, 137, 139, 140,
18 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
19 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
20 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
21 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
23 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
24 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,

1 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,
2 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,
3 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
4 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
5 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois
6 Insurance Code.

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

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

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

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

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

24 (1) the Director shall give primary consideration to
25 the continuation of benefits to enrollees and the
26 financial conditions of the acquired Health Maintenance

1 Organization after the merger, consolidation, or other
2 acquisition of control takes effect;

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

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

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

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

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

26 (D) such other information as the Director shall

1 require.

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

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

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

25 (i) the amount of, and other terms and conditions with
26 respect to, the refund or additional premium are set forth

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

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

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

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

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

10 (g) Rulemaking authority to implement Public Act 95-1045,
11 if any, is conditioned on the rules being adopted in
12 accordance with all provisions of the Illinois Administrative
13 Procedure Act and all rules and procedures of the Joint
14 Committee on Administrative Rules; any purported rule not so
15 adopted, for 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; 101-371, eff. 1-1-20;
20 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
21 1-1-20; 101-625, eff. 1-1-21.)

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

24 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

1 Sec. 4003. Illinois Insurance Code provisions. Limited
2 health service organizations shall be subject to the
3 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
4 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
5 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
6 355b, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,
7 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a,
8 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and
9 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,
10 XXV, and XXVI of the Illinois Insurance Code. For purposes of
11 the Illinois Insurance Code, except for Sections 444 and 444.1
12 and Articles XIII and XIII 1/2, limited health service
13 organizations in the following categories are deemed to be
14 domestic companies:

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

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

22 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
23 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.
24 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
25 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

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

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

1 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
2 101-625, eff. 1-1-21.)

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

5 (305 ILCS 5/5-16.8)

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

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

1 ensure that provider and hospital reimbursement for
2 post-mastectomy care benefits required under this Section are
3 no lower than the Medicare reimbursement rate.

4 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
5 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
6 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
7 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)".