



Sen. Jil Tracy

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10200SB2158sam002

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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, and laser treatments approved by the U.S. Food
8 and Drug Administration in children aged 18 years and younger
9 that are intended to prevent functional impairment related to
10 vision function, oral function, inflammation, bleeding,
11 infection, and other medical complications associated with
12 port-wine stains.

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

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

17 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

18 Sec. 5-3. Insurance Code provisions.

19 (a) Health Maintenance Organizations shall be subject to
20 the provisions of Sections 133, 134, 136, 137, 139, 140,
21 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
22 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
23 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,
24 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,

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

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

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

16 (2) a corporation organized under the laws of this
17 State; or

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

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

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

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

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

15 (A) certification by an independent actuary of the
16 adequacy of the reserves of the Health Maintenance
17 Organization sought to be acquired;

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

25 (C) a pro forma business plan detailing an
26 acquiring party's plans with respect to the operation

1 of the Health Maintenance Organization sought to be
2 acquired for a period of not less than 3 years; and

3 (D) such other information as the Director shall
4 require.

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

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

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

1 additional premiums under the following terms and conditions:

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

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

23 The Health Maintenance Organization shall include a
24 statement in the evidence of coverage issued to each enrollee
25 describing the possibility of a refund or additional premium,
26 and upon request of any group or enrollment unit, provide to

1 the group or enrollment unit a description of the method used
2 to calculate (1) the Health Maintenance Organization's
3 profitable experience with respect to the group or enrollment
4 unit and the resulting refund to the group or enrollment unit
5 or (2) the Health Maintenance Organization's unprofitable
6 experience with respect to the group or enrollment unit and
7 the resulting additional premium to be paid by the group or
8 enrollment unit.

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

13 (g) Rulemaking authority to implement Public Act 95-1045,
14 if any, is conditioned on the rules being adopted in
15 accordance with all provisions of the Illinois Administrative
16 Procedure Act and all rules and procedures of the Joint
17 Committee on Administrative Rules; any purported rule not so
18 adopted, for 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; 100-1026, eff. 8-22-18; 100-1057, eff.
21 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
22 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;
23 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
24 1-1-20; 101-625, eff. 1-1-21.)

25 Section 35. The Limited Health Service Organization Act is

1 amended by changing Section 4003 as follows:

2 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

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

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

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

24 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
25 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.

1 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,
2 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

5 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

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

1 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;
2 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.
3 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,
4 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;
5 101-625, eff. 1-1-21.)

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

8 (305 ILCS 5/5-16.8)

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

18 The Department, by rule, shall adopt a model similar to
19 the requirements of Section 356z.39 of the Illinois Insurance
20 Code.

21 On and after July 1, 2012, the Department shall reduce any
22 rate of reimbursement for services or other payments or alter
23 any methodologies authorized by this Code to reduce any rate
24 of reimbursement for services or other payments in accordance

1 with Section 5-5e.

2 To ensure full access to the benefits set forth in this
3 Section, on and after January 1, 2016, the Department shall
4 ensure that provider and hospital reimbursement for
5 post-mastectomy care benefits required under this Section are
6 no lower than the Medicare reimbursement rate.

7 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
8 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
9 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
10 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)".