



## 103RD GENERAL ASSEMBLY

### State of Illinois

### 2023 and 2024

#### HB3183

Introduced 2/17/2023, by Rep. Tom Weber

#### 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.61 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 Accident and Health Article of the Illinois Insurance Code. Provides that an individual or group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after January 1, 2025 shall cover a medically necessary coronary calcium scan and scoring every 24 months for individuals over the age of 40. Defines "coronary calcium scan and scoring". 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. Effective January 1, 2024.

LRB103 27685 BMS 54062 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 (Text of Section before amendment by P.A. 102-768)

8 Sec. 6.11. Required health benefits; Illinois Insurance  
9 Code requirements. The program of health benefits shall  
10 provide the post-mastectomy care benefits required to be  
11 covered by a policy of accident and health insurance under  
12 Section 356t of the Illinois Insurance Code. The program of  
13 health benefits shall provide the coverage required under  
14 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,  
15 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
16 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of  
20 the Illinois Insurance Code. The program of health benefits  
21 must comply with Sections 155.22a, 155.37, 355b, 356z.19,  
22 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance  
23 Code. The Department of Insurance shall enforce the

1 requirements of this Section with respect to Sections 370c and  
2 370c.1 of the Illinois Insurance Code; all other requirements  
3 of this Section shall be enforced by the Department of Central  
4 Management Services.

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

11 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;  
12 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
13 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,  
14 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
15 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
16 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
17 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
18 revised 12-13-22.)

19 (Text of Section after amendment by P.A. 102-768)

20 Sec. 6.11. Required health benefits; Illinois Insurance  
21 Code requirements. The program of health benefits shall  
22 provide the post-mastectomy care benefits required to be  
23 covered by a policy of accident and health insurance under  
24 Section 356t of the Illinois Insurance Code. The program of  
25 health benefits shall provide the coverage required under

1 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,  
2 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
3 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
5 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
6 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, ~~and~~  
7 356z.60, and 356z.61 of the Illinois Insurance Code. The  
8 program of health benefits must comply with Sections 155.22a,  
9 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of  
10 the Illinois Insurance Code. The Department of Insurance shall  
11 enforce the requirements of this Section with respect to  
12 Sections 370c and 370c.1 of the Illinois Insurance Code; all  
13 other requirements of this Section shall be enforced by the  
14 Department of Central Management Services.

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. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;  
22 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
23 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,  
24 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
25 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
26 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,

1 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;  
2 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

5 (55 ILCS 5/5-1069.3)

6 Sec. 5-1069.3. Required health benefits. If a county,  
7 including a home rule county, is a self-insurer for purposes  
8 of providing health insurance coverage for its employees, the  
9 coverage shall include coverage for the post-mastectomy care  
10 benefits required to be covered by a policy of accident and  
11 health insurance under Section 356t and the coverage required  
12 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,  
13 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
14 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
15 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,  
16 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,  
17 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.61  
18 of the Illinois Insurance Code. The coverage shall comply with  
19 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
20 Insurance Code. The Department of Insurance shall enforce the  
21 requirements of this Section. The requirement that health  
22 benefits be covered as provided in this Section is an  
23 exclusive power and function of the State and is a denial and  
24 limitation under Article VII, Section 6, subsection (h) of the

1 Illinois Constitution. A home rule county to which this  
2 Section applies must comply with every provision of this  
3 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
11 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
12 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
13 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
14 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
15 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
16 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
17 102-1117, eff. 1-13-23.)

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

20 (65 ILCS 5/10-4-2.3)

21 Sec. 10-4-2.3. Required health benefits. If a  
22 municipality, including a home rule municipality, is a  
23 self-insurer for purposes of providing health insurance  
24 coverage for its employees, the coverage shall include

1 coverage for the post-mastectomy care benefits required to be  
2 covered by a policy of accident and health insurance under  
3 Section 356t and the coverage required under Sections 356g,  
4 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,  
5 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
6 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
7 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
8 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
9 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.61 of the  
10 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 is an exclusive power  
15 and function of the State and is a denial and limitation under  
16 Article VII, Section 6, subsection (h) of the Illinois  
17 Constitution. A home rule municipality to which this Section  
18 applies must comply with every provision of this Section.

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.

25 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
26 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.

1 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,  
2 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;  
3 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.  
4 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,  
5 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
6 102-1117, eff. 1-13-23.)

7 Section 20. The School Code is amended by changing Section  
8 10-22.3f as follows:

9 (105 ILCS 5/10-22.3f)

10 Sec. 10-22.3f. Required health benefits. Insurance  
11 protection and benefits for employees shall provide the  
12 post-mastectomy care benefits required to be covered by a  
13 policy of accident and health insurance under Section 356t and  
14 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
15 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,  
16 356z.9, 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, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and  
20 356z.61 of the Illinois Insurance Code. Insurance policies  
21 shall comply with Section 356z.19 of the Illinois Insurance  
22 Code. The coverage shall comply with Sections 155.22a, 355b,  
23 and 370c of the Illinois Insurance Code. The Department of  
24 Insurance shall enforce the requirements 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; 102-642, eff. 1-1-22;  
11 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.  
12 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,  
13 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

14 Section 25. The Illinois Insurance Code is amended by  
15 adding Section 356z.61 as follows:

16 (215 ILCS 5/356z.61 new)

17 Sec. 356z.61. Coronary calcium scan and scoring.

18 (a) As used in this Section, "coronary calcium scan and  
19 scoring" means the use of computed tomography equipment to  
20 produce pictures of the coronary arteries to locate blockages  
21 or narrowing.

22 (b) An individual or group policy of accident and health  
23 insurance that is amended, delivered, issued, or renewed on or  
24 after January 1, 2025 shall cover a medically necessary

1 coronary calcium scan and scoring every 24 months for  
2 individuals over the age of 40.

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, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,  
12 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,  
13 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
14 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,  
15 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,  
16 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,  
17 356z.50, 356z.51, 356z.53 ~~256z.53~~, 356z.54, 356z.56, 356z.57,  
18 356z.59, 356z.60, 356z.61, 364, 364.01, 364.3, 367.2, 367.2-5,  
19 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1,  
20 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,  
21 paragraph (c) of subsection (2) of Section 367, and Articles  
22 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and  
23 XXXIIB of the Illinois Insurance Code.

24 (b) For purposes of the Illinois Insurance Code, except

1 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,  
2 Health Maintenance Organizations in the following categories  
3 are deemed to be "domestic companies":

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

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

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

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

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

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

1 effect on competition of the merger, consolidation, or  
2 other acquisition of control;

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

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

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

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

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

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

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

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

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

24 (ii) the amount of the refund or additional premium  
25 shall not exceed 20% of the Health Maintenance  
26 Organization's profitable or unprofitable experience with

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

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

25          In no event shall the Illinois Health Maintenance  
26          Organization Guaranty Association be liable to pay any

1 contractual obligation of an insolvent organization to pay any  
2 refund authorized under this Section.

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

9 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
10 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.  
11 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,  
12 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
13 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
14 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
15 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
16 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
17 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
18 eff. 1-1-23; 102-1117, eff. 1-13-23; revised 1-22-23.)

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

21 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

22 Sec. 4003. Illinois Insurance Code provisions. Limited  
23 health service organizations shall be subject to the  
24 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,

1 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
2 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,  
3 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,  
4 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
5 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.57,  
6 356z.59, 356z.61, 364.3, 368a, 401, 401.1, 402, 403, 403A,  
7 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII  
8 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the  
9 Illinois Insurance Code. Nothing in this Section shall require  
10 a limited health care plan to cover any service that is not a  
11 limited health service. For purposes of the Illinois Insurance  
12 Code, except for Sections 444 and 444.1 and Articles XIII and  
13 XIII 1/2, limited health service organizations in the  
14 following categories are deemed to be 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;  
23 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.  
24 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,  
25 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
26 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.



1 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

4 (215 ILCS 165/10) (from Ch. 32, par. 604)

5 Sec. 10. Application of Insurance Code provisions. Health  
6 services plan corporations and all persons interested therein  
7 or dealing therewith shall be subject to the provisions of  
8 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
9 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
10 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,  
11 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,  
12 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
13 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,  
14 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,  
15 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
16 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 364.01, 364.3,  
17 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
18 and paragraphs (7) and (15) of Section 367 of the Illinois  
19 Insurance Code.

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;  
3 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.  
4 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,  
5 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;  
6 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.  
7 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,  
8 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;  
9 102-1117, eff. 1-13-23.)

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

12 (305 ILCS 5/5-16.8)

13 Sec. 5-16.8. Required health benefits. The medical  
14 assistance program shall (i) provide the post-mastectomy care  
15 benefits required to be covered by a policy of accident and  
16 health insurance under Section 356t and the coverage required  
17 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,  
18 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
19 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, ~~and~~ 356z.60, and  
20 356z.61 of the Illinois Insurance Code, (ii) be subject to the  
21 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,  
22 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be  
23 subject to the provisions of subsection (d-5) of Section 10 of  
24 the Network Adequacy and Transparency Act.

1           The Department, by rule, shall adopt a model similar to  
2 the requirements of Section 356z.39 of the Illinois Insurance  
3 Code.

4           On and after July 1, 2012, the Department shall reduce any  
5 rate of reimbursement for services or other payments or alter  
6 any methodologies authorized by this Code to reduce any rate  
7 of reimbursement for services or other payments in accordance  
8 with Section 5-5e.

9           To ensure full access to the benefits set forth in this  
10 Section, on and after January 1, 2016, the Department shall  
11 ensure that provider and hospital reimbursement for  
12 post-mastectomy care benefits required under this Section are  
13 no lower than the Medicare reimbursement rate.

14           (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;  
15 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.  
16 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,  
17 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;  
18 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.  
19 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,  
20 eff. 1-1-23; 102-1117, eff. 1-13-23.)

21           Section 95. No acceleration or delay. Where this Act makes  
22 changes in a statute that is represented in this Act by text  
23 that is not yet or no longer in effect (for example, a Section  
24 represented by multiple versions), the use of that text does  
25 not accelerate or delay the taking effect of (i) the changes

1 made by this Act or (ii) provisions derived from any other  
2 Public Act.

3 Section 99. Effective date. This Act takes effect January  
4 1, 2024.