



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB2623

Introduced 10/24/2023, by Sen. Natalie Toro

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.32a 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. Requires an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the State after June 1, 2024 to provide coverage for expenses for standard fertility preservation services and follow-up services related to that coverage. Defines "standard fertility preservation services" as procedures based upon current evidence-based standards of care established by the American Society for Reproductive Medicine, the American Society of Clinical Oncology, or other national medical associations that follow current evidence-based standards of care. 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 Illinois Public Aid Code. Effective immediately.

LRB103 34217 LNS 64041 b

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.32a,
18 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
19 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
20 356z.60 of the Illinois Insurance Code. The program of health
21 benefits must comply with Sections 155.22a, 155.37, 355b,
22 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois
23 Insurance 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.32a,
5 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
6 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
7 and 356z.60 of the Illinois Insurance Code. The program of
8 health benefits must comply with Sections 155.22a, 155.37,
9 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the
10 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.32a, 356z.33, 356z.36,
16 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
17 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
18 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.32a, 356z.33, 356z.36, 356z.40,
8 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,
9 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 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.32a,
18 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
19 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and
20 356z.60 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.32a as follows:

16 (215 ILCS 5/356z.32a new)

17 Sec. 356z.32a. Coverage for standard fertility
18 preservation services.

19 (a) As used in this Section, "standard fertility
20 preservation services" means procedures based upon current
21 evidence-based standards of care established by the American
22 Society for Reproductive Medicine, the American Society of
23 Clinical Oncology, or other national medical associations that
24 follow current evidence-based standards of care, including,

1 but not limited to, cryopreservation.

2 (b) An individual or group policy of accident and health
3 insurance amended, delivered, issued, or renewed in this State
4 after June 1, 2024 must provide coverage for expenses for
5 standard fertility preservation services and follow-up
6 services related to that coverage, including storage.

7 (c) In determining coverage under this Section, an insurer
8 shall not discriminate based on an individual's:

9 (1) expected length of life, present or predicted
10 disability, degree of medical dependency, quality of life, or
11 other health conditions; or

12 (2) personal characteristics, including age, sex,
13 sexual orientation, or marital status.

14 (d) An individual or group policy of accident and health
15 insurance may not:

16 (1) impose any exclusions, limitations, or other
17 restrictions on coverage of standard fertility
18 preservation services that are different from those
19 imposed on any other prescription medications;

20 (2) impose any exclusions, limitations, or other
21 restrictions on coverage of any standard fertility
22 preservation services based on a covered individual's
23 participation in fertility services provided by or to a
24 third party; or

25 (2) impose deductibles, copayments, coinsurance,
26 benefit maximums, waiting periods, or any other

1 limitations on coverage for standard fertility
2 preservation services that are different from those
3 imposed upon benefits for services not related to
4 fertility.

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

1 XXXIIB of the Illinois Insurance Code.

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

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

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

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

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

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

24 (2) (i) the criteria specified in subsection (1) (b) of
25 Section 131.8 of the Illinois Insurance Code shall not
26 apply and (ii) the Director, in making his determination

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

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

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

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

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

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

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

1 maintenance organization's right, title, and interest in and
2 to its health care certificates).

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

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

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

26 (ii) the amount of the refund or additional premium

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

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

1 In no event shall the Illinois Health Maintenance
2 Organization Guaranty Association be liable to pay any
3 contractual obligation of an insolvent organization to pay any
4 refund authorized under this Section.

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

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

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

23 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

24 Sec. 4003. Illinois Insurance Code provisions. Limited

1 health service organizations shall be subject to the
2 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
3 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
4 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
5 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21, 356z.22,
6 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.32a,
7 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
8 356z.57, 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A,
9 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII
10 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
11 Illinois Insurance Code. Nothing in this Section shall require
12 a limited health care plan to cover any service that is not a
13 limited health service. For purposes of the Illinois Insurance
14 Code, except for Sections 444 and 444.1 and Articles XIII and
15 XIII 1/2, limited health service organizations in the
16 following categories are deemed to be 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
25 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
26 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,

1 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
2 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
3 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

6 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

22 Rulemaking authority to implement Public Act 95-1045, if
23 any, is conditioned on the rules being adopted in accordance
24 with all provisions of the Illinois Administrative Procedure

1 Act and all rules and procedures of the Joint Committee on
2 Administrative Rules; any purported rule not so adopted, for
3 whatever reason, is unauthorized.

4 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
5 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
6 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
7 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
8 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
9 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
10 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
11 102-1117, eff. 1-13-23.)

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

14 (305 ILCS 5/5-16.8)

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

1 subject to the provisions of subsection (d-5) of Section 10 of
2 the Network Adequacy and Transparency Act.

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

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

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

16 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
17 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
18 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
19 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
20 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
21 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
22 eff. 1-1-23; 102-1117, eff. 1-13-23.)

23 Section 95. No acceleration or delay. Where this Act makes
24 changes in a statute that is represented in this Act by text
25 that is not yet or no longer in effect (for example, a Section

1 represented by multiple versions), the use of that text does
2 not accelerate or delay the taking effect of (i) the changes
3 made by this Act or (ii) provisions derived from any other
4 Public Act.

5 Section 99. Effective date. This Act takes effect upon
6 becoming law.