

**103RD GENERAL ASSEMBLY****State of Illinois****2023 and 2024****SB2759**

Introduced 1/16/2024, by Sen. Mattie Hunter

**SYNOPSIS AS INTRODUCED:**

See Index

Creates the Adoptee Baseline Medical Testing Act. Requires medical intake forms for services provided by health care providers to include questions concerning the patient's adoption status and, if adopted, whether the patient has access to the patient's biological medical history. Provides that, if a patient has indicated on the medical intake form that the patient is adopted and does not have access to the patient's biological medical history, then, upon request by the patient or patient's parent or guardian, the health care provider shall provide no-cost, baseline testing with minimized time-bound restrictions for genetically predisposed conditions or diseases. Provides that if the patient or patient's parent or guardian requests such testing and the health care provider does not have personnel qualified to perform the testing, the health care provider must make a referral to another health care provider that is qualified to perform the testing and that will accept the referral. Subject to appropriation, requires the Department of Public Health, by rule, to create a State-funded system to pay for the baseline testing to the extent that another source does not cover the cost of the testing. Requires the Department of Public Health to develop educational materials and presentations for distribution to health care providers that provide information on the need for access to biological medical history and the detriments of lack of access to biological medical history for adoptees. Provides that the Department of Public Health shall administer and enforce the Act. Amends the Illinois Insurance Code to require coverage for baseline testing for genetically predisposed conditions or diseases if a patient has indicated on a medical intake form that the patient is adopted and does not have access to the patient's biological medical history. Provides that such a policy shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. 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.

LRB103 36075 CES 66164 b

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the  
5 Adoptee Baseline Medical Testing Act.

6 Section 5. Definitions. As used in this Act:

7 "Health care provider" means any public or private  
8 facility that provides, on an inpatient or outpatient basis,  
9 preventive, diagnostic, therapeutic, convalescent,  
10 rehabilitation, mental health, or intellectual disability  
11 services, including general or special hospitals, skilled  
12 nursing homes, extended care facilities, intermediate care  
13 facilities and mental health centers.

14 "Patient" means any person who has received or is  
15 receiving medical care, treatment or services from an  
16 individual or institution licensed to provide medical care or  
17 treatment in this State.

18 Section 10. Medical intake forms; baseline testing.  
19 Medical intake forms for services provided by health care  
20 providers must include questions concerning:

- 21 (1) the patient's adoption status; and  
22 (2) if adopted, whether the patient has access to the

1 patient's biological medical history.

2 If a patient has indicated on the medical intake form that  
3 the patient is adopted and does not have access to the  
4 patient's biological medical history, then, upon request by  
5 the patient or patient's parent or guardian, the health care  
6 provider, shall provide no-cost, baseline testing with  
7 minimized time-bound restrictions for genetically predisposed  
8 conditions or diseases, including, but not limited to,  
9 hypertension, diabetes, conditions or diseases related to  
10 reproductive health, and cancers. If the patient or patient's  
11 parent or guardian requests such testing and the health care  
12 provider does not have personnel qualified to perform the  
13 testing, the health care provider must make a referral to  
14 another health care provider that is qualified to perform the  
15 testing and that will accept the referral.

16 This Act shall not be construed to require baseline  
17 testing more than once.

18 Section 15. Payment. Subject to appropriation, the  
19 Department of Public Health shall, by rule, create a  
20 State-funded system to pay for baseline testing under Section  
21 10 to the extent that another source does not cover the cost of  
22 the testing. The patient must apply to any source that may be  
23 required to pay for testing, and may apply to the Department of  
24 Public Health only if all such applications are rejected. The  
25 patient must supply documentation of rejections, including

1 appeals, to the Department of Public Health in accordance with  
2 the Department's rules.

3 Section 20. Educational materials. The Department of  
4 Public Health shall develop educational materials and  
5 presentations for distribution to health care providers that  
6 provide information on the need for access to biological  
7 medical history and the detriments of lack of access to  
8 biological medical history for adoptees.

9 Section 25. Enforcement. The Department of Public Health  
10 shall administer and enforce this Act.

11 Section 900. The State Employees Group Insurance Act of  
12 1971 is amended by changing Section 6.11 as follows:

13 (5 ILCS 375/6.11)

14 Sec. 6.11. Required health benefits; Illinois Insurance  
15 Code requirements. The program of health benefits shall  
16 provide the post-mastectomy care benefits required to be  
17 covered by a policy of accident and health insurance under  
18 Section 356t of the Illinois Insurance Code. The program of  
19 health benefits shall provide the coverage required under  
20 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,  
21 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,

1 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
2 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
3 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60,  
4 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,  
5 and 356z.71 of the Illinois Insurance Code. The program of  
6 health benefits must comply with Sections 155.22a, 155.37,  
7 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the  
8 Illinois Insurance Code. The program of health benefits shall  
9 provide the coverage required under Section 356m of the  
10 Illinois Insurance Code and, for the employees of the State  
11 Employee Group Insurance Program only, the coverage as also  
12 provided in Section 6.11B of this Act. The Department of  
13 Insurance shall enforce the requirements of this Section with  
14 respect to Sections 370c and 370c.1 of the Illinois Insurance  
15 Code; all other requirements of this Section shall be enforced  
16 by the Department of Central Management Services.

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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
25 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,  
26 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;

1 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
2 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,  
3 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;  
4 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.  
5 8-11-23; revised 8-29-23.)

6 Section 905. The Counties Code is amended by changing  
7 Section 5-1069.3 as follows:

8 (55 ILCS 5/5-1069.3)

9 Sec. 5-1069.3. Required health benefits. If a county,  
10 including a home rule county, is a self-insurer for purposes  
11 of providing health insurance coverage for its employees, the  
12 coverage shall include coverage for the post-mastectomy care  
13 benefits required to be covered by a policy of accident and  
14 health insurance under Section 356t and the coverage required  
15 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,  
16 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,  
17 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,  
18 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,  
19 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,  
20 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~  
21 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and 356z.71 of  
22 the Illinois Insurance Code. The coverage shall comply with  
23 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
24 Insurance Code. The Department of Insurance shall enforce the

1 requirements of this Section. The requirement that health  
2 benefits be covered as provided in this Section is an  
3 exclusive power and function of the State and is a denial and  
4 limitation under Article VII, Section 6, subsection (h) of the  
5 Illinois Constitution. A home rule county to which this  
6 Section applies must comply with every provision of this  
7 Section.

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

14 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
15 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
16 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
17 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
18 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
19 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
20 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
21 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
22 8-29-23.)

23 Section 910. The Illinois Municipal Code is amended by  
24 changing Section 10-4-2.3 as follows:

1 (65 ILCS 5/10-4-2.3)

2 Sec. 10-4-2.3. Required health benefits. If a  
3 municipality, including a home rule municipality, is a  
4 self-insurer for purposes of providing health insurance  
5 coverage for its employees, the coverage shall include  
6 coverage for the post-mastectomy care benefits required to be  
7 covered by a policy of accident and health insurance under  
8 Section 356t and the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,  
10 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
11 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
12 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
13 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
14 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62,  
15 356z.64, 356z.67, 356z.68, 356z.70, and 356z.71 of the  
16 Illinois Insurance Code. The coverage shall comply with  
17 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
18 Insurance Code. The Department of Insurance shall enforce the  
19 requirements of this Section. The requirement that health  
20 benefits be covered as provided in this is an exclusive power  
21 and function of the State and is a denial and limitation under  
22 Article VII, Section 6, subsection (h) of the Illinois  
23 Constitution. A home rule municipality to which this Section  
24 applies must comply with every provision of this Section.

25 Rulemaking authority to implement Public Act 95-1045, if  
26 any, is conditioned on the rules being adopted in accordance



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

5 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
7 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
8 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
9 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
10 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
11 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
12 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
13 8-29-23.)

14 Section 915. The School Code is amended by changing  
15 Section 10-22.3f as follows:

16 (105 ILCS 5/10-22.3f)

17 Sec. 10-22.3f. Required health benefits. Insurance  
18 protection and benefits for employees shall provide the  
19 post-mastectomy care benefits required to be covered by a  
20 policy of accident and health insurance under Section 356t and  
21 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
22 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,  
23 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
24 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,

1 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
2 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~  
3 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and  
4 356z.71 of the Illinois Insurance Code. Insurance policies  
5 shall comply with Section 356z.19 of the Illinois Insurance  
6 Code. The coverage shall comply with Sections 155.22a, 355b,  
7 and 370c of the Illinois Insurance Code. The Department of  
8 Insurance shall enforce the requirements of this Section.

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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
16 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
17 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,  
18 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
19 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
20 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
21 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
22 103-551, eff. 8-11-23; revised 8-29-23.)

23 Section 920. The Illinois Insurance Code is amended by  
24 adding Section 356z.71 as follows:

1 (215 ILCS 5/356z.71 new)

2 Sec. 356z.71. Adoptee baseline medical testing. An  
3 individual or group policy of accident and health insurance  
4 amended, delivered, issued, or renewed in this State on or  
5 after January 1, 2025 shall provide coverage for baseline  
6 testing for genetically predisposed conditions or diseases,  
7 including, but not limited to, hypertension, diabetes,  
8 conditions or diseases related to reproductive health, and  
9 cancers, if a patient has indicated on a medical intake form  
10 that the patient is adopted and does not have access to the  
11 patient's biological medical history. A policy subject to this  
12 Section shall not impose a deductible, coinsurance, copayment,  
13 or any other cost-sharing requirement on the coverage  
14 provided.

15 Section 925. 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, 155.49,  
23 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356v,  
24 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,

1 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
2 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,  
3 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30,  
4 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34, 356z.35,  
5 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,  
6 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,  
7 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,  
8 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,  
9 356z.71, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
10 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
11 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
12 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
13 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
14 Illinois Insurance Code.

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

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

21 (2) a corporation organized under the laws of this  
22 State; or

23 (3) a corporation organized under the laws of another  
24 state, 30% or more of the enrollees of which are residents  
25 of this State, except a corporation subject to  
26 substantially the same requirements in its state of

1 organization as is a "domestic company" under Article VIII  
2 1/2 of the Illinois Insurance Code.

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

6 (1) the Director shall give primary consideration to  
7 the continuation of benefits to enrollees and the  
8 financial conditions of the acquired Health Maintenance  
9 Organization after the merger, consolidation, or other  
10 acquisition of control takes effect;

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

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

20 (A) certification by an independent actuary of the  
21 adequacy of the reserves of the Health Maintenance  
22 Organization sought to be acquired;

23 (B) pro forma financial statements reflecting the  
24 combined balance sheets of the acquiring company and  
25 the Health Maintenance Organization sought to be  
26 acquired as of the end of the preceding year and as of

1 a date 90 days prior to the acquisition, as well as pro  
2 forma financial statements reflecting projected  
3 combined operation for a period of 2 years;

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

8 (D) such other information as the Director shall  
9 require.

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

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

26 (f) Except for small employer groups as defined in the

1 Small Employer Rating, Renewability and Portability Health  
2 Insurance Act and except for medicare supplement policies as  
3 defined in Section 363 of the Illinois Insurance Code, a  
4 Health Maintenance Organization may by contract agree with a  
5 group or other enrollment unit to effect refunds or charge  
6 additional premiums under the following terms and conditions:

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

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

1 plan years.

2 The Health Maintenance Organization shall include a  
3 statement in the evidence of coverage issued to each enrollee  
4 describing the possibility of a refund or additional premium,  
5 and upon request of any group or enrollment unit, provide to  
6 the group or enrollment unit a description of the method used  
7 to calculate (1) the Health Maintenance Organization's  
8 profitable experience with respect to the group or enrollment  
9 unit and the resulting refund to the group or enrollment unit  
10 or (2) the Health Maintenance Organization's unprofitable  
11 experience with respect to the group or enrollment unit and  
12 the resulting additional premium to be paid by the group or  
13 enrollment unit.

14 In no event shall the Illinois Health Maintenance  
15 Organization Guaranty Association be liable to pay any  
16 contractual obligation of an insolvent organization to pay any  
17 refund authorized under this Section.

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
26 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,



1 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
2 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
3 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
4 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
5 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
6 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
7 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

8 Section 930. The Limited Health Service Organization Act  
9 is amended by changing Section 4003 as follows:

10 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

11 Sec. 4003. Illinois Insurance Code provisions. Limited  
12 health service organizations shall be subject to the  
13 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
14 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
15 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,  
16 355.3, 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21,  
17 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,  
18 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
19 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,  
20 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,  
21 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
22 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.  
23 Nothing in this Section shall require a limited health care  
24 plan to cover any service that is not a limited health service.

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

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

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

12 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
13 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
14 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
16 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
17 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
18 eff. 1-1-24; revised 8-29-23.)

19 Section 935. The Voluntary Health Services Plans Act is  
20 amended by changing Section 10 as follows:

21 (215 ILCS 165/10) (from Ch. 32, par. 604)

22 Sec. 10. Application of Insurance Code provisions. Health  
23 services plan corporations and all persons interested therein  
24 or dealing therewith shall be subject to the provisions of

1 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
2 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
3 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,  
4 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,  
5 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
6 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,  
7 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,  
8 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
9 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,  
10 356z.67, 356z.68, 356z.71, 364.01, 364.3, 367.2, 368a, 401,  
11 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
12 and (15) of Section 367 of the Illinois Insurance Code.

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

19 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
20 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
21 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
22 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
23 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.  
24 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
25 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
26 103-551, eff. 8-11-23; revised 8-29-23.)

1 Section 940. The Illinois Public Aid Code is amended by  
2 changing Section 5-16.8 as follows:

3 (305 ILCS 5/5-16.8)

4 Sec. 5-16.8. Required health benefits. The medical  
5 assistance program shall (i) provide the post-mastectomy care  
6 benefits required to be covered by a policy of accident and  
7 health insurance under Section 356t and the coverage required  
8 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,  
9 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,  
10 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, 356z.60, ~~and~~  
11 356z.61, 356z.64, 356z.67, and 356z.71 of the Illinois  
12 Insurance Code, (ii) be subject to the provisions of Sections  
13 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the  
14 Illinois Insurance Code, and (iii) be subject to the  
15 provisions of subsection (d-5) of Section 10 of the Network  
16 Adequacy and Transparency Act.

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

20 On and after July 1, 2012, the Department shall reduce any  
21 rate of reimbursement for services or other payments or alter  
22 any methodologies authorized by this Code to reduce any rate  
23 of reimbursement for services or other payments in accordance  
24 with Section 5-5e.

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

6           (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;  
7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.  
8 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,  
9 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;  
10 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
11 1-1-24; 103-420, eff. 1-1-24; revised 12-15-23.)

1 INDEX

2 Statutes amended in order of appearance

3 New Act

4 5 ILCS 375/6.11

5 55 ILCS 5/5-1069.3

6 65 ILCS 5/10-4-2.3

7 105 ILCS 5/10-22.3f

8 215 ILCS 5/356z.71 new

9 215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2

10 215 ILCS 130/4003 from Ch. 73, par. 1504-3

11 215 ILCS 165/10 from Ch. 32, par. 604

12 305 ILCS 5/5-16.8