



Sen. Debbie DeFrancesco Halvorson

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1 AMENDMENT TO SENATE BILL 928

2 AMENDMENT NO. _____. Amend Senate Bill 928 by replacing
3 everything after the enacting clause with the following:

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 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall provide
9 the post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t of
11 the Illinois Insurance Code. The program of health benefits
12 shall provide the coverage required under Sections 356u, 356w,
13 356x, 356z.2, 356z.4, ~~and~~ 356z.6, and 356z.9 of the Illinois
14 Insurance Code. The program of health benefits must comply with
15 Section 155.37 of the Illinois Insurance Code.

16 (Source: P.A. 92-440, eff. 8-17-01; 92-764, eff. 1-1-03;

1 93-102, eff. 1-1-04; 93-853, eff. 1-1-05.)

2 Section 10. The Department of Public Health Powers and
3 Duties Law of the Civil Administrative Code of Illinois is
4 amended by adding Section 2310-617 as follows:

5 (20 ILCS 2310/2310-617 new)

6 Sec. 2310-617. Human papillomavirus vaccine.

7 (a) As used in this Section, "eligible individual" means a
8 female child under the age of 18, who is a resident of Illinois
9 who: (1) is not entitled to receive a human papillomavirus
10 (HPV) vaccination at no cost as a benefit under a plan of
11 health insurance, a managed care plan, or a plan provided by a
12 health maintenance organization, a health services plan
13 corporation, or a similar entity, and (2) meets the
14 requirements established by the Department of Public Health by
15 rule.

16 (b) Subject to appropriation, the Department of Public
17 Health shall establish and administer a program, commencing no
18 later than July 1, 2011, under which any eligible individual
19 shall, upon the eligible individual's request, receive a series
20 of HPV vaccinations as medically indicated, at no cost to the
21 eligible individual.

22 (c) The Department of Public Health shall adopt rules for
23 the administration and operation of the program, including, but
24 not limited to: determination of the HPV vaccine formulation to

1 be administered and the method of administration; eligibility
2 requirements and eligibility determinations; and standards and
3 criteria for acquisition and distribution of the HPV vaccine
4 and related supplies. The Department may enter into contracts
5 or agreements with public or private entities for the
6 performance of such duties under the program as the Department
7 may deem appropriate to carry out this Section and its rules
8 adopted under this Section.

9 Section 15. The Counties Code is amended by changing
10 Section 5-1069.3 as follows:

11 (55 ILCS 5/5-1069.3)

12 Sec. 5-1069.3. Required health benefits. If a county,
13 including a home rule county, is a self-insurer for purposes of
14 providing health insurance coverage for its employees, the
15 coverage shall include coverage for the post-mastectomy care
16 benefits required to be covered by a policy of accident and
17 health insurance under Section 356t and the coverage required
18 under Sections 356u, 356w, 356x, ~~and~~ 356z.6, and 356z.9 of the
19 Illinois Insurance Code. The requirement that health benefits
20 be covered as provided in this Section 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 county to which this Section applies
24 must comply with every provision of this Section.

1 (Source: P.A. 93-853, eff. 1-1-05.)

2 Section 20. The Illinois Municipal Code is amended by
3 changing Section 10-4-2.3 as follows:

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

5 Sec. 10-4-2.3. Required health benefits. If a
6 municipality, including a home rule municipality, is a
7 self-insurer for purposes of providing health insurance
8 coverage for its employees, the coverage shall include coverage
9 for the post-mastectomy care benefits required to be covered by
10 a policy of accident and health insurance under Section 356t
11 and the coverage required under Sections 356u, 356w, 356x, ~~and~~
12 356z.6, and 356z.9 of the Illinois Insurance Code. The
13 requirement that health benefits be covered as provided in this
14 is an exclusive power and function of the State and is a denial
15 and limitation under Article VII, Section 6, subsection (h) of
16 the Illinois Constitution. A home rule municipality to which
17 this Section applies must comply with every provision of this
18 Section.

19 (Source: P.A. 93-853, eff. 1-1-05.)

20 Section 25. The School Code is amended by changing Sections
21 27-8.1 and 10-22.3f as follows:

22 (105 ILCS 5/10-22.3f)

1 Sec. 10-22.3f. Required health benefits. Insurance
2 protection and benefits for employees shall provide the
3 post-mastectomy care benefits required to be covered by a
4 policy of accident and health insurance under Section 356t and
5 the coverage required under Sections 356u, 356w, 356x, ~~and~~
6 356z.6, and 356z.9 of the Illinois Insurance Code.

7 (Source: P.A. 93-853, eff. 1-1-05.)

8 (105 ILCS 5/27-8.1) (from Ch. 122, par. 27-8.1)

9 Sec. 27-8.1. Health examinations and immunizations.

10 (1) In compliance with rules and regulations which the
11 Department of Public Health shall promulgate, and except as
12 hereinafter provided, all children in Illinois shall have a
13 health examination as follows: within one year prior to
14 entering kindergarten or the first grade of any public,
15 private, or parochial elementary school; upon entering the
16 sixth ~~fifth~~ and ninth grades of any public, private, or
17 parochial school; prior to entrance into any public, private,
18 or parochial nursery school; and, irrespective of grade,
19 immediately prior to or upon entrance into any public, private,
20 or parochial school or nursery school, each child shall present
21 proof of having been examined in accordance with this Section
22 and the rules and regulations promulgated hereunder.

23 A tuberculosis skin test screening shall be included as a
24 required part of each health examination included under this
25 Section if the child resides in an area designated by the

1 Department of Public Health as having a high incidence of
2 tuberculosis. Additional health examinations of pupils,
3 including vision examinations, may be required when deemed
4 necessary by school authorities. Parents are encouraged to have
5 their children undergo vision examinations at the same points
6 in time required for health examinations.

7 (1.5) In compliance with rules adopted by the Department of
8 Public Health and except as otherwise provided in this Section,
9 all children in kindergarten and the second and sixth grades of
10 any public, private, or parochial school shall have a dental
11 examination. Each of these children shall present proof of
12 having been examined by a dentist in accordance with this
13 Section and rules adopted under this Section before May 15th of
14 the school year. If a child in the second or sixth grade fails
15 to present proof by May 15th, the school may hold the child's
16 report card until one of the following occurs: (i) the child
17 presents proof of a completed dental examination or (ii) the
18 child presents proof that a dental examination will take place
19 within 60 days after May 15th. The Department of Public Health
20 shall establish, by rule, a waiver for children who show an
21 undue burden or a lack of access to a dentist. Each public,
22 private, and parochial school must give notice of this dental
23 examination requirement to the parents and guardians of
24 students at least 60 days before May 15th of each school year.

25 (2) The Department of Public Health shall promulgate rules
26 and regulations specifying the examinations and procedures

1 that constitute a health examination, which shall include the
2 collection of data relating to obesity, (including at a
3 minimum, date of birth, gender, height, weight, blood pressure,
4 and date of exam), and a dental examination and may recommend
5 by rule that certain additional examinations be performed. The
6 rules and regulations of the Department of Public Health shall
7 specify that a tuberculosis skin test screening shall be
8 included as a required part of each health examination included
9 under this Section if the child resides in an area designated
10 by the Department of Public Health as having a high incidence
11 of tuberculosis. The Department of Public Health shall specify
12 that a diabetes screening as defined by rule shall be included
13 as a required part of each health examination. Diabetes testing
14 is not required.

15 Physicians licensed to practice medicine in all of its
16 branches, advanced practice nurses who have a written
17 collaborative agreement with a collaborating physician which
18 authorizes them to perform health examinations, or physician
19 assistants who have been delegated the performance of health
20 examinations by their supervising physician shall be
21 responsible for the performance of the health examinations,
22 other than dental examinations and vision and hearing
23 screening, and shall sign all report forms required by
24 subsection (4) of this Section that pertain to those portions
25 of the health examination for which the physician, advanced
26 practice nurse, or physician assistant is responsible. If a

1 registered nurse performs any part of a health examination,
2 then a physician licensed to practice medicine in all of its
3 branches must review and sign all required report forms.
4 Licensed dentists shall perform all dental examinations and
5 shall sign all report forms required by subsection (4) of this
6 Section that pertain to the dental examinations. Physicians
7 licensed to practice medicine in all its branches, or licensed
8 optometrists, shall perform all vision exams required by school
9 authorities and shall sign all report forms required by
10 subsection (4) of this Section that pertain to the vision exam.
11 Vision and hearing screening tests, which shall not be
12 considered examinations as that term is used in this Section,
13 shall be conducted in accordance with rules and regulations of
14 the Department of Public Health, and by individuals whom the
15 Department of Public Health has certified. In these rules and
16 regulations, the Department of Public Health shall require that
17 individuals conducting vision screening tests give a child's
18 parent or guardian written notification, before the vision
19 screening is conducted, that states, "Vision screening is not a
20 substitute for a complete eye and vision evaluation by an eye
21 doctor. Your child is not required to undergo this vision
22 screening if an optometrist or ophthalmologist has completed
23 and signed a report form indicating that an examination has
24 been administered within the previous 12 months."

25 (3) Every child shall, at or about the same time as he or
26 she receives a health examination required by subsection (1) of

1 this Section, present to the local school proof of having
2 received such immunizations against preventable communicable
3 diseases as the Department of Public Health shall require by
4 rules and regulations promulgated pursuant to this Section and
5 the Communicable Disease Prevention Act.

6 (4) The individuals conducting the health examination or
7 dental examination shall record the fact of having conducted
8 the examination, and such additional information as required,
9 including for a health examination data relating to obesity,
10 (including at a minimum, date of birth, gender, height, weight,
11 blood pressure, and date of exam), on uniform forms which the
12 Department of Public Health and the State Board of Education
13 shall prescribe for statewide use. The examiner shall summarize
14 on the report form any condition that he or she suspects
15 indicates a need for special services, including for a health
16 examination factors relating to obesity. The individuals
17 confirming the administration of required immunizations shall
18 record as indicated on the form that the immunizations were
19 administered.

20 (5) If a child does not submit proof of having had either
21 the health examination or the immunization as required, then
22 the child shall be examined or receive the immunization, as the
23 case may be, and present proof by October 15 of the current
24 school year, or by an earlier date of the current school year
25 established by a school district. To establish a date before
26 October 15 of the current school year for the health

1 examination or immunization as required, a school district must
2 give notice of the requirements of this Section 60 days prior
3 to the earlier established date. If for medical reasons one or
4 more of the required immunizations must be given after October
5 15 of the current school year, or after an earlier established
6 date of the current school year, then the child shall present,
7 by October 15, or by the earlier established date, a schedule
8 for the administration of the immunizations and a statement of
9 the medical reasons causing the delay, both the schedule and
10 the statement being issued by the physician, advanced practice
11 nurse, physician assistant, registered nurse, or local health
12 department that will be responsible for administration of the
13 remaining required immunizations. If a child does not comply by
14 October 15, or by the earlier established date of the current
15 school year, with the requirements of this subsection, then the
16 local school authority shall exclude that child from school
17 until such time as the child presents proof of having had the
18 health examination as required and presents proof of having
19 received those required immunizations which are medically
20 possible to receive immediately. During a child's exclusion
21 from school for noncompliance with this subsection, the child's
22 parents or legal guardian shall be considered in violation of
23 Section 26-1 and subject to any penalty imposed by Section
24 26-10. This subsection (5) does not apply to dental
25 examinations.

26 (6) Every school shall report to the State Board of

1 Education by November 15, in the manner which that agency shall
2 require, the number of children who have received the necessary
3 immunizations and the health examination (other than a dental
4 examination) as required, indicating, of those who have not
5 received the immunizations and examination as required, the
6 number of children who are exempt from health examination and
7 immunization requirements on religious or medical grounds as
8 provided in subsection (8). Every school shall report to the
9 State Board of Education by June 30, in the manner that the
10 State Board requires, the number of children who have received
11 the required dental examination, indicating, of those who have
12 not received the required dental examination, the number of
13 children who are exempt from the dental examination on
14 religious grounds as provided in subsection (8) of this Section
15 and the number of children who have received a waiver under
16 subsection (1.5) of this Section. This reported information
17 shall be provided to the Department of Public Health by the
18 State Board of Education.

19 (7) Upon determining that the number of pupils who are
20 required to be in compliance with subsection (5) of this
21 Section is below 90% of the number of pupils enrolled in the
22 school district, 10% of each State aid payment made pursuant to
23 Section 18-8.05 to the school district for such year shall be
24 withheld by the regional superintendent until the number of
25 students in compliance with subsection (5) is the applicable
26 specified percentage or higher.

1 (8) Parents or legal guardians who object to health or
2 dental examinations or any part thereof, or to immunizations,
3 on religious grounds shall not be required to submit their
4 children or wards to the examinations or immunizations to which
5 they so object if such parents or legal guardians present to
6 the appropriate local school authority a signed statement of
7 objection, detailing the grounds for the objection. If the
8 physical condition of the child is such that any one or more of
9 the immunizing agents should not be administered, the examining
10 physician, advanced practice nurse, or physician assistant
11 responsible for the performance of the health examination shall
12 endorse that fact upon the health examination form. Exempting a
13 child from the health or dental examination does not exempt the
14 child from participation in the program of physical education
15 training provided in Sections 27-5 through 27-7 of this Code.

16 (9) For the purposes of this Section, "nursery schools"
17 means those nursery schools operated by elementary school
18 systems or secondary level school units or institutions of
19 higher learning.

20 (Source: P.A. 92-703, eff. 7-19-02; 93-504, eff. 1-1-04;
21 93-530, eff. 1-1-04; 93-946, eff. 7-1-05; 93-966, eff. 1-1-05;
22 revised 12-1-05.)

23 Section 30. The Illinois Insurance Code is amended by
24 adding Section 356z.9 as follows:

1 (215 ILCS 5/356z.9 new)

2 Sec. 356z.9. Human papillomavirus vaccine. A group or
3 individual policy of accident and health insurance or managed
4 care plan amended, delivered, issued, or renewed after the
5 effective date of this amendatory Act of the 95th General
6 Assembly must provide coverage for a human papillomavirus
7 vaccine (HPV) that is approved for marketing by the federal
8 Food and Drug Administration.

9 Section 35. The Health Maintenance Organization Act is
10 amended by changing Section 5-3 as follows:

11 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to
14 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
15 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
16 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
17 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 364.01,
18 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,
19 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
20 paragraph (c) of subsection (2) of Section 367, and Articles
21 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
22 the Illinois Insurance Code.

23 (b) For purposes of the Illinois Insurance Code, except for
24 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health

1 Maintenance Organizations in the following categories are
2 deemed to be "domestic companies":

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

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

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

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

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

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

1 other acquisition of control;

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

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

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

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

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

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

26 (e) In considering any management contract or service

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

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

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

23 (ii) the amount of the refund or additional premium
24 shall not exceed 20% of the Health Maintenance
25 Organization's profitable or unprofitable experience with
26 respect to the group or other enrollment unit for the

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

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

24 In no event shall the Illinois Health Maintenance
25 Organization Guaranty Association be liable to pay any
26 contractual obligation of an insolvent organization to pay any

1 refund authorized under this Section.

2 (Source: P.A. 93-102, eff. 1-1-04; 93-261, eff. 1-1-04; 93-477,
3 eff. 8-8-03; 93-529, eff. 8-14-03; 93-853, eff. 1-1-05;
4 93-1000, eff. 1-1-05; 94-906, eff. 1-1-07; 94-1076, eff.
5 12-29-06; revised 1-5-07.)

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

8 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

18 (Source: P.A. 93-102, eff. 1-1-04; 93-529, eff. 8-14-03;
19 93-853, eff. 1-1-05; 93-1000, eff. 1-1-05; 94-1076, eff.
20 12-29-06.)

21 Section 45. The Communicable Disease Prevention Act is
22 amended by adding Section 2e as follows:

1 (410 ILCS 315/2e new)

2 Sec. 2e. Cervical cancer prevention.

3 (a) Notwithstanding the provisions of Section 2 of this
4 Act, beginning August 1, 2007, the Department of Public Health
5 must provide all female students who are entering sixth grade
6 and their parents or legal guardians written information about
7 the link between human papillomavirus (HPV) and cervical cancer
8 and the availability of a HPV vaccine.

9 (b) The Director of Public Health shall prescribe the
10 content of the information required in subsection (a) of this
11 Section.

12 (c) In order to provide for the expeditious and timely
13 implementation of the provisions of this amendatory Act of the
14 95th General Assembly, the Department of Public Health shall
15 adopt emergency rules in accordance with Section 5-45 of the
16 Illinois Administrative Procedure Act to the extent necessary
17 to administer the Department's responsibilities under this
18 amendatory Act of the 95th General Assembly. The adoption of
19 emergency rules authorized by this subsection (c) is deemed to
20 be necessary for the public interest, safety, and welfare.

21 Section 99. Effective date. This Act takes effect upon
22 becoming law."