

1 AN ACT concerning regulation.

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

4 Article 1. Legislative Intent

5 Section 1-1. Legislative intent. The General Assembly
6 finds that the mortality associated with breast cancer for
7 minority women in Illinois is significantly higher compared to
8 non-minority women. This disparity has grown over the last 2
9 decades and is unacceptable. A recent New England Journal of
10 Medicine article found that even modest cost-sharing deters
11 women from getting a mammogram. The reduction was most
12 pronounced for those with lower income and less education. Many
13 other studies have found that women with lower family income
14 and those relying on public programs for healthcare access
15 mammography at a lower rate. It is, therefore, the intent of
16 this legislation to decrease health disparities as they relate
17 to breast cancer and to improve access for all women to quality
18 breast cancer screening and treatment where necessary.

19 Article 5. Improving State Healthcare Programs

20 With Respect To

21 Mammography And Breast Cancer Treatment

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

3 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

4 Sec. 5-5. Medical services. The Illinois Department, by
5 rule, shall determine the quantity and quality of and the rate
6 of reimbursement for the medical assistance for which payment
7 will be authorized, and the medical services to be provided,
8 which may include all or part of the following: (1) inpatient
9 hospital services; (2) outpatient hospital services; (3) other
10 laboratory and X-ray services; (4) skilled nursing home
11 services; (5) physicians' services whether furnished in the
12 office, the patient's home, a hospital, a skilled nursing home,
13 or elsewhere; (6) medical care, or any other type of remedial
14 care furnished by licensed practitioners; (7) home health care
15 services; (8) private duty nursing service; (9) clinic
16 services; (10) dental services, including prevention and
17 treatment of periodontal disease and dental caries disease for
18 pregnant women; (11) physical therapy and related services;
19 (12) prescribed drugs, dentures, and prosthetic devices; and
20 eyeglasses prescribed by a physician skilled in the diseases of
21 the eye, or by an optometrist, whichever the person may select;
22 (13) other diagnostic, screening, preventive, and
23 rehabilitative services; (14) transportation and such other
24 expenses as may be necessary; (15) medical treatment of sexual
25 assault survivors, as defined in Section 1a of the Sexual

1 Assault Survivors Emergency Treatment Act, for injuries
2 sustained as a result of the sexual assault, including
3 examinations and laboratory tests to discover evidence which
4 may be used in criminal proceedings arising from the sexual
5 assault; (16) the diagnosis and treatment of sickle cell
6 anemia; and (17) any other medical care, and any other type of
7 remedial care recognized under the laws of this State, but not
8 including abortions, or induced miscarriages or premature
9 births, unless, in the opinion of a physician, such procedures
10 are necessary for the preservation of the life of the woman
11 seeking such treatment, or except an induced premature birth
12 intended to produce a live viable child and such procedure is
13 necessary for the health of the mother or her unborn child. The
14 Illinois Department, by rule, shall prohibit any physician from
15 providing medical assistance to anyone eligible therefor under
16 this Code where such physician has been found guilty of
17 performing an abortion procedure in a wilful and wanton manner
18 upon a woman who was not pregnant at the time such abortion
19 procedure was performed. The term "any other type of remedial
20 care" shall include nursing care and nursing home service for
21 persons who rely on treatment by spiritual means alone through
22 prayer for healing.

23 Notwithstanding any other provision of this Section, a
24 comprehensive tobacco use cessation program that includes
25 purchasing prescription drugs or prescription medical devices
26 approved by the Food and Drug administration shall be covered

1 under the medical assistance program under this Article for
2 persons who are otherwise eligible for assistance under this
3 Article.

4 Notwithstanding any other provision of this Code, the
5 Illinois Department may not require, as a condition of payment
6 for any laboratory test authorized under this Article, that a
7 physician's handwritten signature appear on the laboratory
8 test order form. The Illinois Department may, however, impose
9 other appropriate requirements regarding laboratory test order
10 documentation.

11 The Department of Healthcare and Family Services shall
12 provide the following services to persons eligible for
13 assistance under this Article who are participating in
14 education, training or employment programs operated by the
15 Department of Human Services as successor to the Department of
16 Public Aid:

17 (1) dental services, which shall include but not be
18 limited to prosthodontics; and

19 (2) eyeglasses prescribed by a physician skilled in the
20 diseases of the eye, or by an optometrist, whichever the
21 person may select.

22 The Illinois Department, by rule, may distinguish and
23 classify the medical services to be provided only in accordance
24 with the classes of persons designated in Section 5-2.

25 The Department of Healthcare and Family Services must
26 provide coverage and reimbursement for amino acid-based

1 elemental formulas, regardless of delivery method, for the
2 diagnosis and treatment of (i) eosinophilic disorders and (ii)
3 short bowel syndrome when the prescribing physician has issued
4 a written order stating that the amino acid-based elemental
5 formula is medically necessary.

6 The Illinois Department shall authorize the provision of,
7 and shall authorize payment for, screening by low-dose
8 mammography for the presence of occult breast cancer for women
9 35 years of age or older who are eligible for medical
10 assistance under this Article, as follows:

11 (A) A ~~a~~ baseline mammogram for women 35 to 39 years of
12 age. ~~and an~~

13 (B) An annual mammogram for women 40 years of age or
14 older.

15 (C) A mammogram at the age and intervals considered
16 medically necessary by the woman's health care provider for
17 women under 40 years of age and having a family history of
18 breast cancer, prior personal history of breast cancer,
19 positive genetic testing, or other risk factors.

20 (D) A comprehensive ultrasound screening of an entire
21 breast or breasts if a mammogram demonstrates
22 heterogeneous or dense breast tissue, when medically
23 necessary as determined by a physician licensed to practice
24 medicine in all of its branches.

25 All screenings shall include a physical breast exam,
26 instruction on self-examination and information regarding the

1 frequency of self-examination and its value as a preventative
2 tool. For purposes of ~~As used in~~ this Section, "low-dose
3 mammography" means the x-ray examination of the breast using
4 equipment dedicated specifically for mammography, including
5 the x-ray tube, filter, compression device, and image receptor,
6 ~~and cassettes,~~ with an average radiation exposure delivery of
7 less than one rad per breast for ~~mid breast, with~~ 2 views of an
8 average size ~~for each~~ breast. The term also includes digital
9 mammography.

10 On and after July 1, 2008, screening and diagnostic
11 mammography shall be reimbursed at the same rate as the
12 Medicare program's rates, including the increased
13 reimbursement for digital mammography.

14 The Department shall convene an expert panel including
15 representatives of hospitals, free-standing mammography
16 facilities, and doctors, including radiologists, to establish
17 quality standards. Based on these quality standards, the
18 Department shall provide for bonus payments to mammography
19 facilities meeting the standards for screening and diagnosis.
20 The bonus payments shall be at least 15% higher than the
21 Medicare rates for mammography.

22 Subject to federal approval, the Department shall
23 establish a rate methodology for mammography at federally
24 qualified health centers and other encounter-rate clinics.
25 These clinics or centers may also collaborate with other
26 hospital-based mammography facilities.

1 The Department shall establish a methodology to remind
2 women who are age-appropriate for screening mammography, but
3 who have not received a mammogram within the previous 18
4 months, of the importance and benefit of screening mammography.

5 The Department shall establish a performance goal for
6 primary care providers with respect to their female patients
7 over age 40 receiving an annual mammogram. This performance
8 goal shall be used to provide additional reimbursement in the
9 form of a quality performance bonus to primary care providers
10 who meet that goal.

11 The Department shall devise a means of case-managing or
12 patient navigation for beneficiaries diagnosed with breast
13 cancer. This program shall initially operate as a pilot program
14 in areas of the State with the highest incidence of mortality
15 related to breast cancer. At least one pilot program site shall
16 be in the metropolitan Chicago area and at least one site shall
17 be outside the metropolitan Chicago area. An evaluation of the
18 pilot program shall be carried out measuring health outcomes
19 and cost of care for those served by the pilot program compared
20 to similarly situated patients who are not served by the pilot
21 program.

22 Any medical or health care provider shall immediately
23 recommend, to any pregnant woman who is being provided prenatal
24 services and is suspected of drug abuse or is addicted as
25 defined in the Alcoholism and Other Drug Abuse and Dependency
26 Act, referral to a local substance abuse treatment provider

1 licensed by the Department of Human Services or to a licensed
2 hospital which provides substance abuse treatment services.
3 The Department of Healthcare and Family Services shall assure
4 coverage for the cost of treatment of the drug abuse or
5 addiction for pregnant recipients in accordance with the
6 Illinois Medicaid Program in conjunction with the Department of
7 Human Services.

8 All medical providers providing medical assistance to
9 pregnant women under this Code shall receive information from
10 the Department on the availability of services under the Drug
11 Free Families with a Future or any comparable program providing
12 case management services for addicted women, including
13 information on appropriate referrals for other social services
14 that may be needed by addicted women in addition to treatment
15 for addiction.

16 The Illinois Department, in cooperation with the
17 Departments of Human Services (as successor to the Department
18 of Alcoholism and Substance Abuse) and Public Health, through a
19 public awareness campaign, may provide information concerning
20 treatment for alcoholism and drug abuse and addiction, prenatal
21 health care, and other pertinent programs directed at reducing
22 the number of drug-affected infants born to recipients of
23 medical assistance.

24 Neither the Department of Healthcare and Family Services
25 nor the Department of Human Services shall sanction the
26 recipient solely on the basis of her substance abuse.

1 The Illinois Department shall establish such regulations
2 governing the dispensing of health services under this Article
3 as it shall deem appropriate. The Department should seek the
4 advice of formal professional advisory committees appointed by
5 the Director of the Illinois Department for the purpose of
6 providing regular advice on policy and administrative matters,
7 information dissemination and educational activities for
8 medical and health care providers, and consistency in
9 procedures to the Illinois Department.

10 The Illinois Department may develop and contract with
11 Partnerships of medical providers to arrange medical services
12 for persons eligible under Section 5-2 of this Code.
13 Implementation of this Section may be by demonstration projects
14 in certain geographic areas. The Partnership shall be
15 represented by a sponsor organization. The Department, by rule,
16 shall develop qualifications for sponsors of Partnerships.
17 Nothing in this Section shall be construed to require that the
18 sponsor organization be a medical organization.

19 The sponsor must negotiate formal written contracts with
20 medical providers for physician services, inpatient and
21 outpatient hospital care, home health services, treatment for
22 alcoholism and substance abuse, and other services determined
23 necessary by the Illinois Department by rule for delivery by
24 Partnerships. Physician services must include prenatal and
25 obstetrical care. The Illinois Department shall reimburse
26 medical services delivered by Partnership providers to clients

1 in target areas according to provisions of this Article and the
2 Illinois Health Finance Reform Act, except that:

3 (1) Physicians participating in a Partnership and
4 providing certain services, which shall be determined by
5 the Illinois Department, to persons in areas covered by the
6 Partnership may receive an additional surcharge for such
7 services.

8 (2) The Department may elect to consider and negotiate
9 financial incentives to encourage the development of
10 Partnerships and the efficient delivery of medical care.

11 (3) Persons receiving medical services through
12 Partnerships may receive medical and case management
13 services above the level usually offered through the
14 medical assistance program.

15 Medical providers shall be required to meet certain
16 qualifications to participate in Partnerships to ensure the
17 delivery of high quality medical services. These
18 qualifications shall be determined by rule of the Illinois
19 Department and may be higher than qualifications for
20 participation in the medical assistance program. Partnership
21 sponsors may prescribe reasonable additional qualifications
22 for participation by medical providers, only with the prior
23 written approval of the Illinois Department.

24 Nothing in this Section shall limit the free choice of
25 practitioners, hospitals, and other providers of medical
26 services by clients. In order to ensure patient freedom of

1 choice, the Illinois Department shall immediately promulgate
2 all rules and take all other necessary actions so that provided
3 services may be accessed from therapeutically certified
4 optometrists to the full extent of the Illinois Optometric
5 Practice Act of 1987 without discriminating between service
6 providers.

7 The Department shall apply for a waiver from the United
8 States Health Care Financing Administration to allow for the
9 implementation of Partnerships under this Section.

10 The Illinois Department shall require health care
11 providers to maintain records that document the medical care
12 and services provided to recipients of Medical Assistance under
13 this Article. The Illinois Department shall require health care
14 providers to make available, when authorized by the patient, in
15 writing, the medical records in a timely fashion to other
16 health care providers who are treating or serving persons
17 eligible for Medical Assistance under this Article. All
18 dispensers of medical services shall be required to maintain
19 and retain business and professional records sufficient to
20 fully and accurately document the nature, scope, details and
21 receipt of the health care provided to persons eligible for
22 medical assistance under this Code, in accordance with
23 regulations promulgated by the Illinois Department. The rules
24 and regulations shall require that proof of the receipt of
25 prescription drugs, dentures, prosthetic devices and
26 eyeglasses by eligible persons under this Section accompany

1 each claim for reimbursement submitted by the dispenser of such
2 medical services. No such claims for reimbursement shall be
3 approved for payment by the Illinois Department without such
4 proof of receipt, unless the Illinois Department shall have put
5 into effect and shall be operating a system of post-payment
6 audit and review which shall, on a sampling basis, be deemed
7 adequate by the Illinois Department to assure that such drugs,
8 dentures, prosthetic devices and eyeglasses for which payment
9 is being made are actually being received by eligible
10 recipients. Within 90 days after the effective date of this
11 amendatory Act of 1984, the Illinois Department shall establish
12 a current list of acquisition costs for all prosthetic devices
13 and any other items recognized as medical equipment and
14 supplies reimbursable under this Article and shall update such
15 list on a quarterly basis, except that the acquisition costs of
16 all prescription drugs shall be updated no less frequently than
17 every 30 days as required by Section 5-5.12.

18 The rules and regulations of the Illinois Department shall
19 require that a written statement including the required opinion
20 of a physician shall accompany any claim for reimbursement for
21 abortions, or induced miscarriages or premature births. This
22 statement shall indicate what procedures were used in providing
23 such medical services.

24 The Illinois Department shall require all dispensers of
25 medical services, other than an individual practitioner or
26 group of practitioners, desiring to participate in the Medical

1 Assistance program established under this Article to disclose
2 all financial, beneficial, ownership, equity, surety or other
3 interests in any and all firms, corporations, partnerships,
4 associations, business enterprises, joint ventures, agencies,
5 institutions or other legal entities providing any form of
6 health care services in this State under this Article.

7 The Illinois Department may require that all dispensers of
8 medical services desiring to participate in the medical
9 assistance program established under this Article disclose,
10 under such terms and conditions as the Illinois Department may
11 by rule establish, all inquiries from clients and attorneys
12 regarding medical bills paid by the Illinois Department, which
13 inquiries could indicate potential existence of claims or liens
14 for the Illinois Department.

15 Enrollment of a vendor that provides non-emergency medical
16 transportation, defined by the Department by rule, shall be
17 conditional for 180 days. During that time, the Department of
18 Healthcare and Family Services may terminate the vendor's
19 eligibility to participate in the medical assistance program
20 without cause. That termination of eligibility is not subject
21 to the Department's hearing process.

22 The Illinois Department shall establish policies,
23 procedures, standards and criteria by rule for the acquisition,
24 repair and replacement of orthotic and prosthetic devices and
25 durable medical equipment. Such rules shall provide, but not be
26 limited to, the following services: (1) immediate repair or

1 replacement of such devices by recipients without medical
2 authorization; and (2) rental, lease, purchase or
3 lease-purchase of durable medical equipment in a
4 cost-effective manner, taking into consideration the
5 recipient's medical prognosis, the extent of the recipient's
6 needs, and the requirements and costs for maintaining such
7 equipment. Such rules shall enable a recipient to temporarily
8 acquire and use alternative or substitute devices or equipment
9 pending repairs or replacements of any device or equipment
10 previously authorized for such recipient by the Department.

11 The Department shall execute, relative to the nursing home
12 prescreening project, written inter-agency agreements with the
13 Department of Human Services and the Department on Aging, to
14 effect the following: (i) intake procedures and common
15 eligibility criteria for those persons who are receiving
16 non-institutional services; and (ii) the establishment and
17 development of non-institutional services in areas of the State
18 where they are not currently available or are undeveloped.

19 The Illinois Department shall develop and operate, in
20 cooperation with other State Departments and agencies and in
21 compliance with applicable federal laws and regulations,
22 appropriate and effective systems of health care evaluation and
23 programs for monitoring of utilization of health care services
24 and facilities, as it affects persons eligible for medical
25 assistance under this Code.

26 The Illinois Department shall report annually to the

1 General Assembly, no later than the second Friday in April of
2 1979 and each year thereafter, in regard to:

3 (a) actual statistics and trends in utilization of
4 medical services by public aid recipients;

5 (b) actual statistics and trends in the provision of
6 the various medical services by medical vendors;

7 (c) current rate structures and proposed changes in
8 those rate structures for the various medical vendors; and

9 (d) efforts at utilization review and control by the
10 Illinois Department.

11 The period covered by each report shall be the 3 years
12 ending on the June 30 prior to the report. The report shall
13 include suggested legislation for consideration by the General
14 Assembly. The filing of one copy of the report with the
15 Speaker, one copy with the Minority Leader and one copy with
16 the Clerk of the House of Representatives, one copy with the
17 President, one copy with the Minority Leader and one copy with
18 the Secretary of the Senate, one copy with the Legislative
19 Research Unit, and such additional copies with the State
20 Government Report Distribution Center for the General Assembly
21 as is required under paragraph (t) of Section 7 of the State
22 Library Act shall be deemed sufficient to comply with this
23 Section.

24 Rulemaking authority to implement this amendatory Act of
25 the 95th General Assembly, if any, is conditioned on the rules
26 being adopted in accordance with all provisions of the Illinois

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

4 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)

5 Article 10. Breast Cancer Patients'

6 Access To Pain Relief

7 Section 10-5. The Illinois Insurance Code is amended by
8 adding Section 356g.5-1 as follows:

9 (215 ILCS 5/356g.5-1 new)

10 Sec. 356g.5-1. Breast cancer pain medication and therapy. A
11 group or individual policy of accident and health insurance or
12 managed care plan that is amended, delivered, issued, or
13 renewed after the effective date of this amendatory Act of the
14 95th General Assembly must provide coverage for all medically
15 necessary pain medication and pain therapy related to the
16 treatment of breast cancer on the same terms and conditions
17 that are generally applicable to coverage for other conditions.
18 For purposes of this Section, "pain therapy" means pain therapy
19 that is medically based and includes reasonably defined goals,
20 including, but not limited to, stabilizing or reducing pain,
21 with periodic evaluations of the efficacy of the pain therapy
22 against these goals. The provisions of this Section do not
23 apply to short-term travel, accident-only, limited, or

1 specified-disease policies, or to policies or contracts
2 designed for issuance to persons eligible for coverage under
3 Title XVIII of the Social Security Act, known as Medicare, or
4 any other similar coverage under State or federal governmental
5 plans.

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

12 Section 10-10. The State Employees Group Insurance Act of
13 1971 is amended by changing Section 6.11 as follows:

14 (5 ILCS 375/6.11)

15 (Text of Section before amendment by P.A. 95-958)

16 Sec. 6.11. Required health benefits; Illinois Insurance
17 Code requirements. The program of health benefits shall provide
18 the post-mastectomy care benefits required to be covered by a
19 policy of accident and health insurance under Section 356t of
20 the Illinois Insurance Code. The program of health benefits
21 shall provide the coverage required under Sections 356g.5,
22 356g.5-1, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,
23 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
24 The program of health benefits must comply with Section 155.37

1 of the Illinois Insurance Code.

2 Rulemaking authority to implement this amendatory Act of
3 the 95th General Assembly, if any, is conditioned on the rules
4 being adopted in accordance with all provisions of the Illinois
5 Administrative Procedure Act and all rules and procedures of
6 the Joint Committee on Administrative Rules; any purported rule
7 not so adopted, for whatever reason, is unauthorized.

8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
10 1-1-09; revised 10-15-08.)

11 (Text of Section after amendment by P.A. 95-958)

12 Sec. 6.11. Required health benefits; Illinois Insurance
13 Code requirements. The program of health benefits shall provide
14 the post-mastectomy care benefits required to be covered by a
15 policy of accident and health insurance under Section 356t of
16 the Illinois Insurance Code. The program of health benefits
17 shall provide the coverage required under Sections 356g.5,
18 356g.5-1, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,
19 356z.10, 356z.11, ~~and 356z.12~~, and 356z.13 ~~356z.11~~ of the
20 Illinois Insurance Code. The program of health benefits must
21 comply with Section 155.37 of the Illinois Insurance Code.

22 Rulemaking authority to implement this amendatory Act of
23 the 95th General Assembly, if any, is conditioned on the rules
24 being adopted in accordance with all provisions of the Illinois
25 Administrative Procedure Act and all rules and procedures of

1 the Joint Committee on Administrative Rules; any purported rule
2 not so adopted, for whatever reason, is unauthorized.

3 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
4 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
5 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

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

8 (55 ILCS 5/5-1069.3)

9 (Text of Section before amendment by P.A. 95-958)

10 Sec. 5-1069.3. Required health benefits. If a county,
11 including a home rule county, is a self-insurer for purposes of
12 providing health insurance coverage for its employees, the
13 coverage shall include coverage for the post-mastectomy care
14 benefits required to be covered by a policy of accident and
15 health insurance under Section 356t and the coverage required
16 under Sections 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6,
17 356z.9, 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance
18 Code. The requirement that health benefits be covered as
19 provided in this Section is an exclusive power and function of
20 the State and is a denial and limitation under Article VII,
21 Section 6, subsection (h) of the Illinois Constitution. A home
22 rule county to which this Section applies must comply with
23 every provision of this Section.

24 Rulemaking authority to implement this amendatory Act of

1 the 95th General Assembly, if any, is conditioned on the rules
2 being adopted in accordance with all provisions of the Illinois
3 Administrative Procedure Act and all rules and procedures of
4 the Joint Committee on Administrative Rules; any purported rule
5 not so adopted, for whatever reason, is unauthorized.

6 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
7 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
8 1-1-09; revised 10-15-08.)

9 (Text of Section after amendment by P.A. 95-958)

10 Sec. 5-1069.3. Required health benefits. If a county,
11 including a home rule county, is a self-insurer for purposes of
12 providing health insurance coverage for its employees, the
13 coverage shall include coverage for the post-mastectomy care
14 benefits required to be covered by a policy of accident and
15 health insurance under Section 356t and the coverage required
16 under Sections 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6,
17 356z.9, 356z.10, 356z.11, and 356z.12, and 356z.13 ~~356z.11~~ of
18 the Illinois Insurance Code. The requirement that health
19 benefits be covered as provided in this Section is an exclusive
20 power and function of the State and is a denial and limitation
21 under Article VII, Section 6, subsection (h) of the Illinois
22 Constitution. A home rule county to which this Section applies
23 must comply with every provision of this Section.

24 Rulemaking authority to implement this amendatory Act of
25 the 95th General Assembly, if any, is conditioned on the rules

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

5 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
6 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
7 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

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

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

11 (Text of Section before amendment by P.A. 95-958)

12 Sec. 10-4-2.3. Required health benefits. If a
13 municipality, including a home rule municipality, is a
14 self-insurer for purposes of providing health insurance
15 coverage for its employees, the coverage shall include coverage
16 for the post-mastectomy care benefits required to be covered by
17 a policy of accident and health insurance under Section 356t
18 and the coverage required under Sections 356g.5, 356g.5-1,
19 356u, 356w, 356x, 356z.6, 356z.9, 356z.10, and 356z.13 ~~356z.11~~
20 of the Illinois Insurance Code. The requirement that health
21 benefits be covered as provided in this is an exclusive power
22 and function of the State and is a denial and limitation under
23 Article VII, Section 6, subsection (h) of the Illinois
24 Constitution. A home rule municipality to which this Section

1 applies must comply with every provision of this Section.

2 Rulemaking authority to implement this amendatory Act of
3 the 95th General Assembly, if any, is conditioned on the rules
4 being adopted in accordance with all provisions of the Illinois
5 Administrative Procedure Act and all rules and procedures of
6 the Joint Committee on Administrative Rules; any purported rule
7 not so adopted, for whatever reason, is unauthorized.

8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
10 1-1-09; revised 10-15-08.)

11 (Text of Section after amendment by P.A. 95-958)

12 Sec. 10-4-2.3. Required health benefits. If a
13 municipality, including a home rule municipality, is a
14 self-insurer for purposes of providing health insurance
15 coverage for its employees, the coverage shall include coverage
16 for the post-mastectomy care benefits required to be covered by
17 a policy of accident and health insurance under Section 356t
18 and the coverage required under Sections 356g.5, 356g.5-1,
19 356u, 356w, 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~
20 356z.12, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
21 The requirement that health benefits be covered as provided in
22 this is an exclusive power and function of the State and is a
23 denial and limitation under Article VII, Section 6, subsection
24 (h) of the Illinois Constitution. A home rule municipality to
25 which this Section applies must comply with every provision of

1 this Section.

2 Rulemaking authority to implement this amendatory Act of
3 the 95th General Assembly, if any, is conditioned on the rules
4 being adopted in accordance with all provisions of the Illinois
5 Administrative Procedure Act and all rules and procedures of
6 the Joint Committee on Administrative Rules; any purported rule
7 not so adopted, for whatever reason, is unauthorized.

8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
10 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

11 Section 10-25. The School Code is amended by changing
12 Section 10-22.3f as follows:

13 (105 ILCS 5/10-22.3f)

14 (Text of Section before amendment by P.A. 95-958)

15 Sec. 10-22.3f. Required health benefits. Insurance
16 protection and benefits for employees shall provide the
17 post-mastectomy care benefits required to be covered by a
18 policy of accident and health insurance under Section 356t and
19 the coverage required under Sections 356g.5, 356g.5-1, 356u,
20 356w, 356x, 356z.6, 356z.9, and 356z.13 ~~356z.11~~ of the Illinois
21 Insurance Code.

22 Rulemaking authority to implement this amendatory Act of
23 the 95th General Assembly, if any, is conditioned on the rules
24 being adopted in accordance with all provisions of the Illinois

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

4 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
5 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised 10-15-08.)

6 (Text of Section after amendment by P.A. 95-958)

7 Sec. 10-22.3f. Required health benefits. Insurance
8 protection and benefits for employees shall provide the
9 post-mastectomy care benefits required to be covered by a
10 policy of accident and health insurance under Section 356t and
11 the coverage required under Sections 356g.5, 356g.5-1, 356u,
12 356w, 356x, 356z.6, 356z.9, 356z.11, ~~and~~ 356z.12, and 356z.13
13 ~~356z.11~~ of the Illinois Insurance Code.

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

20 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
21 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
22 revised 10-15-08.)

23 Section 10-30. The Health Maintenance Organization Act is
24 amended by changing Section 5-3 as follows:

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

2 (Text of Section before amendment by P.A. 95-958)

3 Sec. 5-3. Insurance Code provisions.

4 (a) Health Maintenance Organizations shall be subject to
5 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
6 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
7 154.6, 154.7, 154.8, 155.04, 355.2, 356g.5-1, 356m, 356v, 356w,
8 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
9 356z.10, 356z.13 ~~356z.11~~, 364.01, 367.2, 367.2-5, 367i, 368a,
10 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408,
11 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
12 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
13 XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

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

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

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

22 (3) a corporation organized under the laws of another
23 state, 30% or more of the enrollees of which are residents
24 of this State, except a corporation subject to
25 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 financial
8 conditions of the acquired Health Maintenance Organization
9 after the merger, consolidation, or other acquisition of
10 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 to
15 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, take
20 into account the effect of the management contract or service
21 agreement on the continuation of benefits to enrollees and the
22 financial condition of the health maintenance organization to
23 be managed or serviced, and (ii) need not take into account the
24 effect of the management contract or service agreement on
25 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 Health
4 Maintenance Organization may by contract agree with a group or
5 other enrollment unit to effect refunds or charge additional
6 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 not
12 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 the
12 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 this amendatory Act
19 of the 95th General Assembly, if any, is conditioned on the
20 rules being adopted in accordance with all provisions of the
21 Illinois Administrative Procedure Act and all rules and
22 procedures of the Joint Committee on Administrative Rules; any
23 purported rule not so adopted, for whatever reason, is
24 unauthorized.

25 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
26 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.

1 8-21-08; 95-978, eff. 1-1-09; revised 10-15-08.)

2 (Text of Section after amendment by P.A. 95-958)

3 Sec. 5-3. Insurance Code provisions.

4 (a) Health Maintenance Organizations shall be subject to
5 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
6 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
7 154.6, 154.7, 154.8, 155.04, 355.2, 356g.5-1, 356m, 356v, 356w,
8 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
9 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~, 364.01, 367.2,
10 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1,
11 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph
12 (c) of subsection (2) of Section 367, and Articles IIA, VIII
13 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
14 Illinois Insurance Code.

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

1 substantially the same requirements in its state of
2 organization as is a "domestic company" under Article VIII
3 1/2 of the Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 account the refund period and the immediately preceding 2
2 plan years.

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

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

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

26 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;

1 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
2 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; revised
3 10-15-08.)

4 Section 10-35. 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 (Text of Section before amendment by P.A. 95-958)

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

17 Rulemaking authority to implement this amendatory Act of
18 the 95th General Assembly, if any, is conditioned on the rules
19 being adopted in accordance with all provisions of the Illinois
20 Administrative Procedure Act and all rules and procedures of
21 the Joint Committee on Administrative Rules; any purported rule
22 not so adopted, for whatever reason, is unauthorized.

23 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
24 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.

1 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised
2 10-15-08.)

3 (Text of Section after amendment by P.A. 95-958)

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

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

20 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
21 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
22 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
23 eff. 1-1-09; revised 10-15-08.)

24 Article 15. Reducing Financial Barriers To Mammography

1 Section 15-5. The Illinois Insurance Code is amended by
2 changing Section 356g as follows:

3 (215 ILCS 5/356g) (from Ch. 73, par. 968g)

4 Sec. 356g. Mammograms; mastectomies.

5 (a) Every insurer shall provide in each group or individual
6 policy, contract, or certificate of insurance issued or renewed
7 for persons who are residents of this State, coverage for
8 screening by low-dose mammography for all women 35 years of age
9 or older for the presence of occult breast cancer within the
10 provisions of the policy, contract, or certificate. The
11 coverage shall be as follows:

12 (1) A baseline mammogram for women 35 to 39 years of
13 age.

14 (2) An annual mammogram for women 40 years of age or
15 older.

16 (3) A mammogram at the age and intervals considered
17 medically necessary by the woman's health care provider for
18 women under 40 years of age and having a family history of
19 breast cancer, prior personal history of breast cancer,
20 positive genetic testing, or other risk factors.

21 (4) A comprehensive ultrasound screening of an entire
22 breast or breasts if a mammogram demonstrates
23 heterogeneous or dense breast tissue, when medically
24 necessary as determined by a physician licensed to practice

1 medicine in all of its branches.

2 ~~These benefits shall be at least as favorable as for other~~
3 ~~radiological examinations and subject to the same dollar~~
4 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
5 this Section, "low-dose mammography" means the x-ray
6 examination of the breast using equipment dedicated
7 specifically for mammography, including the x-ray tube,
8 filter, compression device, and image receptor, with radiation
9 exposure delivery of less than 1 rad per breast for 2 views of
10 an average size breast. The term also includes digital
11 mammography.

12 (a-5) Coverage as described by subsection (a) shall be
13 provided at no cost to the insured and shall not be applied to
14 an annual or lifetime maximum benefit.

15 (a-10) When health care services are available through
16 contracted providers and a person does not comply with plan
17 provisions specific to the use of contracted providers, the
18 requirements of subsection (a-5) are not applicable. When a
19 person does not comply with plan provisions specific to the use
20 of contracted providers, plan provisions specific to the use of
21 non-contracted providers must be applied without distinction
22 for coverage required by this Section and shall be at least as
23 favorable as for other radiological examinations covered by the
24 policy or contract.

25 (b) No policy of accident or health insurance that provides
26 for the surgical procedure known as a mastectomy shall be

1 issued, amended, delivered, or renewed in this State unless
2 that coverage also provides for prosthetic devices or
3 reconstructive surgery incident to the mastectomy. Coverage
4 for breast reconstruction in connection with a mastectomy shall
5 include:

6 (1) reconstruction of the breast upon which the
7 mastectomy has been performed;

8 (2) surgery and reconstruction of the other breast to
9 produce a symmetrical appearance; and

10 (3) prostheses and treatment for physical
11 complications at all stages of mastectomy, including
12 lymphedemas.

13 Care shall be determined in consultation with the attending
14 physician and the patient. The offered coverage for prosthetic
15 devices and reconstructive surgery shall be subject to the
16 deductible and coinsurance conditions applied to the
17 mastectomy, and all other terms and conditions applicable to
18 other benefits. When a mastectomy is performed and there is no
19 evidence of malignancy then the offered coverage may be limited
20 to the provision of prosthetic devices and reconstructive
21 surgery to within 2 years after the date of the mastectomy. As
22 used in this Section, "mastectomy" means the removal of all or
23 part of the breast for medically necessary reasons, as
24 determined by a licensed physician.

25 Written notice of the availability of coverage under this
26 Section shall be delivered to the insured upon enrollment and

1 annually thereafter. An insurer may not deny to an insured
2 eligibility, or continued eligibility, to enroll or to renew
3 coverage under the terms of the plan solely for the purpose of
4 avoiding the requirements of this Section. An insurer may not
5 penalize or reduce or limit the reimbursement of an attending
6 provider or provide incentives (monetary or otherwise) to an
7 attending provider to induce the provider to provide care to an
8 insured in a manner inconsistent with this Section.

9 (c) Rulemaking authority to implement this amendatory Act
10 of the 95th General Assembly, if any, is conditioned on the
11 rules being adopted in accordance with all provisions of the
12 Illinois Administrative Procedure Act and all rules and
13 procedures of the Joint Committee on Administrative Rules; any
14 purported rule not so adopted, for whatever reason, is
15 unauthorized.

16 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07.)

17 Section 15-10. The State Employees Group Insurance Act of
18 1971 is amended by changing Section 6.11 as follows:

19 (5 ILCS 375/6.11)

20 (Text of Section before amendment by P.A. 95-958)

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

1 the Illinois Insurance Code. The program of health benefits
2 shall provide the coverage required under Sections 356g,
3 356g.5, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,
4 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
5 The program of health benefits must comply with Section 155.37
6 of the Illinois Insurance Code.

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

13 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
14 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
15 1-1-09; revised 10-15-08.)

16 (Text of Section after amendment by P.A. 95-958)

17 Sec. 6.11. Required health benefits; Illinois Insurance
18 Code requirements. The program of health benefits shall provide
19 the post-mastectomy care benefits required to be covered by a
20 policy of accident and health insurance under Section 356t of
21 the Illinois Insurance Code. The program of health benefits
22 shall provide the coverage required under Sections 356g,
23 356g.5, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,
24 356z.10, 356z.11, ~~and 356z.12,~~ and 356z.13 ~~356z.11~~ of the
25 Illinois Insurance Code. The program of health benefits must

1 comply with Section 155.37 of the Illinois Insurance Code.

2 Rulemaking authority to implement this amendatory Act of
3 the 95th General Assembly, if any, is conditioned on the rules
4 being adopted in accordance with all provisions of the Illinois
5 Administrative Procedure Act and all rules and procedures of
6 the Joint Committee on Administrative Rules; any purported rule
7 not so adopted, for whatever reason, is unauthorized.

8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
10 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

11 Section 15-15. The Counties Code is amended by changing
12 Sections 5-1069 and 5-1069.3 as follows:

13 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

14 Sec. 5-1069. Group life, health, accident, hospital, and
15 medical insurance.

16 (a) The county board of any county may arrange to provide,
17 for the benefit of employees of the county, group life, health,
18 accident, hospital, and medical insurance, or any one or any
19 combination of those types of insurance, or the county board
20 may self-insure, for the benefit of its employees, all or a
21 portion of the employees' group life, health, accident,
22 hospital, and medical insurance, or any one or any combination
23 of those types of insurance, including a combination of
24 self-insurance and other types of insurance authorized by this

1 Section, provided that the county board complies with all other
2 requirements of this Section. The insurance may include
3 provision for employees who rely on treatment by prayer or
4 spiritual means alone for healing in accordance with the tenets
5 and practice of a well recognized religious denomination. The
6 county board may provide for payment by the county of a portion
7 or all of the premium or charge for the insurance with the
8 employee paying the balance of the premium or charge, if any.
9 If the county board undertakes a plan under which the county
10 pays only a portion of the premium or charge, the county board
11 shall provide for withholding and deducting from the
12 compensation of those employees who consent to join the plan
13 the balance of the premium or charge for the insurance.

14 (b) If the county board does not provide for self-insurance
15 or for a plan under which the county pays a portion or all of
16 the premium or charge for a group insurance plan, the county
17 board may provide for withholding and deducting from the
18 compensation of those employees who consent thereto the total
19 premium or charge for any group life, health, accident,
20 hospital, and medical insurance.

21 (c) The county board may exercise the powers granted in
22 this Section only if it provides for self-insurance or, where
23 it makes arrangements to provide group insurance through an
24 insurance carrier, if the kinds of group insurance are obtained
25 from an insurance company authorized to do business in the
26 State of Illinois. The county board may enact an ordinance

1 prescribing the method of operation of the insurance program.

2 (d) If a county, including a home rule county, is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, the insurance coverage shall
5 include screening by low-dose mammography for all women 35
6 years of age or older for the presence of occult breast cancer
7 unless the county elects to provide mammograms itself under
8 Section 5-1069.1. The coverage shall be as follows:

9 (1) A baseline mammogram for women 35 to 39 years of
10 age.

11 (2) An annual mammogram for women 40 years of age or
12 older.

13 (3) A mammogram at the age and intervals considered
14 medically necessary by the woman's health care provider for
15 women under 40 years of age and having a family history of
16 breast cancer, prior personal history of breast cancer,
17 positive genetic testing, or other risk factors.

18 (4) A comprehensive ultrasound screening of an entire
19 breast or breasts if a mammogram demonstrates
20 heterogeneous or dense breast tissue, when medically
21 necessary as determined by a physician licensed to practice
22 medicine in all of its branches.

23 ~~Those benefits shall be at least as favorable as for other~~
24 ~~radiological examinations and subject to the same dollar~~
25 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
26 this subsection, "low-dose mammography" means the x-ray

1 examination of the breast using equipment dedicated
2 specifically for mammography, including the x-ray tube,
3 filter, compression device, ~~screens,~~ and image receptor
4 ~~receptors,~~ with an average radiation exposure delivery of less
5 than one rad per breast for mid breast, ~~with 2 views of an~~
6 average size for each breast. The term also includes digital
7 mammography.

8 (d-5) Coverage as described by subsection (d) shall be
9 provided at no cost to the insured and shall not be applied to
10 an annual or lifetime maximum benefit.

11 (d-10) When health care services are available through
12 contracted providers and a person does not comply with plan
13 provisions specific to the use of contracted providers, the
14 requirements of subsection (d-5) are not applicable. When a
15 person does not comply with plan provisions specific to the use
16 of contracted providers, plan provisions specific to the use of
17 non-contracted providers must be applied without distinction
18 for coverage required by this Section and shall be at least as
19 favorable as for other radiological examinations covered by the
20 policy or contract.

21 (d-15) If a county, including a home rule county, is a
22 self-insurer for purposes of providing health insurance
23 coverage for its employees, the insurance coverage shall
24 include mastectomy coverage, which includes coverage for
25 prosthetic devices or reconstructive surgery incident to the
26 mastectomy. Coverage for breast reconstruction in connection

1 with a mastectomy shall include:

2 (1) reconstruction of the breast upon which the
3 mastectomy has been performed;

4 (2) surgery and reconstruction of the other breast to
5 produce a symmetrical appearance; and

6 (3) prostheses and treatment for physical
7 complications at all stages of mastectomy, including
8 lymphedemas.

9 Care shall be determined in consultation with the attending
10 physician and the patient. The offered coverage for prosthetic
11 devices and reconstructive surgery shall be subject to the
12 deductible and coinsurance conditions applied to the
13 mastectomy, and all other terms and conditions applicable to
14 other benefits. When a mastectomy is performed and there is no
15 evidence of malignancy then the offered coverage may be limited
16 to the provision of prosthetic devices and reconstructive
17 surgery to within 2 years after the date of the mastectomy. As
18 used in this Section, "mastectomy" means the removal of all or
19 part of the breast for medically necessary reasons, as
20 determined by a licensed physician.

21 A county, including a home rule county, that is a
22 self-insurer for purposes of providing health insurance
23 coverage for its employees, may not penalize or reduce or limit
24 the reimbursement of an attending provider or provide
25 incentives (monetary or otherwise) to an attending provider to
26 induce the provider to provide care to an insured in a manner

1 inconsistent with this Section.

2 (d-20) The requirement that mammograms be included in
3 health insurance coverage as provided in subsections ~~this~~
4 ~~subsection~~ (d) through (d-15) is an exclusive power and
5 function of the State and is a denial and limitation under
6 Article VII, Section 6, subsection (h) of the Illinois
7 Constitution of home rule county powers. A home rule county to
8 which subsections (d) through (d-15) apply ~~this subsection~~
9 ~~applies~~ must comply with every provision of those subsections
10 ~~this subsection.~~

11 (e) The term "employees" as used in this Section includes
12 elected or appointed officials but does not include temporary
13 employees.

14 (f) The county board may, by ordinance, arrange to provide
15 group life, health, accident, hospital, and medical insurance,
16 or any one or a combination of those types of insurance, under
17 this Section to retired former employees and retired former
18 elected or appointed officials of the county.

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

26 (Source: P.A. 90-7, eff. 6-10-97; 91-217, eff. 1-1-00.)

1 (55 ILCS 5/5-1069.3)

2 (Text of Section before amendment by P.A. 95-958)

3 Sec. 5-1069.3. Required health benefits. If a county,
4 including a home rule county, is a self-insurer for purposes of
5 providing health insurance coverage for its employees, the
6 coverage shall include coverage for the post-mastectomy care
7 benefits required to be covered by a policy of accident and
8 health insurance under Section 356t and the coverage required
9 under Sections 356g, 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
10 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
11 The requirement that health benefits be covered as provided in
12 this Section is an exclusive power and function of the State
13 and is a denial and limitation under Article VII, Section 6,
14 subsection (h) of the Illinois Constitution. A home rule county
15 to which this Section applies must comply with every provision
16 of this Section.

17 Rulemaking authority to implement this amendatory Act of
18 the 95th General Assembly, if any, is conditioned on the rules
19 being adopted in accordance with all provisions of the Illinois
20 Administrative Procedure Act and all rules and procedures of
21 the Joint Committee on Administrative Rules; any purported rule
22 not so adopted, for whatever reason, is unauthorized.

23 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
24 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
25 1-1-09; revised 10-15-08.)

1 (Text of Section after amendment by P.A. 95-958)

2 Sec. 5-1069.3. Required health benefits. If a county,
3 including a home rule county, is a self-insurer for purposes of
4 providing health insurance coverage for its employees, the
5 coverage shall include coverage for 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, 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
9 356z.10, 356z.11, ~~and 356z.12,~~ and 356z.13 ~~356z.11~~ of the
10 Illinois Insurance Code. The requirement that health benefits
11 be covered as provided in this Section is an exclusive power
12 and function of the State and is a denial and limitation under
13 Article VII, Section 6, subsection (h) of the Illinois
14 Constitution. A home rule county to which this Section applies
15 must comply with every provision of this Section.

16 Rulemaking authority to implement this amendatory Act of
17 the 95th General Assembly, if any, is conditioned on the rules
18 being adopted in accordance with all provisions of the Illinois
19 Administrative Procedure Act and all rules and procedures of
20 the Joint Committee on Administrative Rules; any purported rule
21 not so adopted, for whatever reason, is unauthorized.

22 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
23 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
24 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

1 Section 15-20. The Illinois Municipal Code is amended by
2 changing Sections 10-4-2 and 10-4-2.3 as follows:

3 (65 ILCS 5/10-4-2) (from Ch. 24, par. 10-4-2)

4 Sec. 10-4-2. Group insurance.

5 (a) The corporate authorities of any municipality may
6 arrange to provide, for the benefit of employees of the
7 municipality, group life, health, accident, hospital, and
8 medical insurance, or any one or any combination of those types
9 of insurance, and may arrange to provide that insurance for the
10 benefit of the spouses or dependents of those employees. The
11 insurance may include provision for employees or other insured
12 persons who rely on treatment by prayer or spiritual means
13 alone for healing in accordance with the tenets and practice of
14 a well recognized religious denomination. The corporate
15 authorities may provide for payment by the municipality of a
16 portion of the premium or charge for the insurance with the
17 employee paying the balance of the premium or charge. If the
18 corporate authorities undertake a plan under which the
19 municipality pays a portion of the premium or charge, the
20 corporate authorities shall provide for withholding and
21 deducting from the compensation of those municipal employees
22 who consent to join the plan the balance of the premium or
23 charge for the insurance.

24 (b) If the corporate authorities do not provide for a plan
25 under which the municipality pays a portion of the premium or

1 charge for a group insurance plan, the corporate authorities
2 may provide for withholding and deducting from the compensation
3 of those employees who consent thereto the premium or charge
4 for any group life, health, accident, hospital, and medical
5 insurance.

6 (c) The corporate authorities may exercise the powers
7 granted in this Section only if the kinds of group insurance
8 are obtained from an insurance company authorized to do
9 business in the State of Illinois, or are obtained through an
10 intergovernmental joint self-insurance pool as authorized
11 under the Intergovernmental Cooperation Act. The corporate
12 authorities may enact an ordinance prescribing the method of
13 operation of the insurance program.

14 (d) If a municipality, including a home rule municipality,
15 is a self-insurer for purposes of providing health insurance
16 coverage for its employees, the insurance coverage shall
17 include screening by low-dose mammography for all women 35
18 years of age or older for the presence of occult breast cancer
19 unless the municipality elects to provide mammograms itself
20 under Section 10-4-2.1. The coverage shall be as follows:

21 (1) A baseline mammogram for women 35 to 39 years of
22 age.

23 (2) An annual mammogram for women 40 years of age or
24 older.

25 (3) A mammogram at the age and intervals considered
26 medically necessary by the woman's health care provider for

1 women under 40 years of age and having a family history of
2 breast cancer, prior personal history of breast cancer,
3 positive genetic testing, or other risk factors.

4 (4) A comprehensive ultrasound screening of an entire
5 breast or breasts if a mammogram demonstrates
6 heterogeneous or dense breast tissue, when medically
7 necessary as determined by a physician licensed to practice
8 medicine in all of its branches.

9 ~~Those benefits shall be at least as favorable as for other~~
10 ~~radiological examinations and subject to the same dollar~~
11 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
12 this subsection, "low-dose mammography" means the x-ray
13 examination of the breast using equipment dedicated
14 specifically for mammography, including the x-ray tube,
15 filter, compression device, ~~screens,~~ and image receptor
16 ~~receptors,~~ with an average radiation exposure delivery of less
17 than one rad per breast for mid breast, with 2 views of an
18 average size for each breast. The term also includes digital
19 mammography.

20 (d-5) Coverage as described by subsection (d) shall be
21 provided at no cost to the insured and shall not be applied to
22 an annual or lifetime maximum benefit.

23 (d-10) When health care services are available through
24 contracted providers and a person does not comply with plan
25 provisions specific to the use of contracted providers, the
26 requirements of subsection (d-5) are not applicable. When a

1 person does not comply with plan provisions specific to the use
2 of contracted providers, plan provisions specific to the use of
3 non-contracted providers must be applied without distinction
4 for coverage required by this Section and shall be at least as
5 favorable as for other radiological examinations covered by the
6 policy or contract.

7 (d-15) If a municipality, including a home rule
8 municipality, is a self-insurer for purposes of providing
9 health insurance coverage for its employees, the insurance
10 coverage shall include mastectomy coverage, which includes
11 coverage for prosthetic devices or reconstructive surgery
12 incident to the mastectomy. Coverage for breast reconstruction
13 in connection with a mastectomy shall include:

14 (1) reconstruction of the breast upon which the
15 mastectomy has been performed;

16 (2) surgery and reconstruction of the other breast to
17 produce a symmetrical appearance; and

18 (3) prostheses and treatment for physical
19 complications at all stages of mastectomy, including
20 lymphedemas.

21 Care shall be determined in consultation with the attending
22 physician and the patient. The offered coverage for prosthetic
23 devices and reconstructive surgery shall be subject to the
24 deductible and coinsurance conditions applied to the
25 mastectomy, and all other terms and conditions applicable to
26 other benefits. When a mastectomy is performed and there is no

1 evidence of malignancy then the offered coverage may be limited
2 to the provision of prosthetic devices and reconstructive
3 surgery to within 2 years after the date of the mastectomy. As
4 used in this Section, "mastectomy" means the removal of all or
5 part of the breast for medically necessary reasons, as
6 determined by a licensed physician.

7 A municipality, including a home rule municipality, that is
8 a self-insurer for purposes of providing health insurance
9 coverage for its employees, may not penalize or reduce or limit
10 the reimbursement of an attending provider or provide
11 incentives (monetary or otherwise) to an attending provider to
12 induce the provider to provide care to an insured in a manner
13 inconsistent with this Section.

14 (d-20) The requirement that mammograms be included in
15 health insurance coverage as provided in subsections ~~this~~
16 ~~subsection~~ (d) through (d-15) is an exclusive power and
17 function of the State and is a denial and limitation under
18 Article VII, Section 6, subsection (h) of the Illinois
19 Constitution of home rule municipality powers. A home rule
20 municipality to which subsections (d) through (d-15) apply ~~this~~
21 ~~subsection applies~~ must comply with every provision of through
22 subsections ~~this subsection~~.

23 (e) Rulemaking authority to implement this amendatory Act
24 of the 95th General Assembly, if any, is conditioned on the
25 rules being adopted in accordance with all provisions of the
26 Illinois Administrative Procedure Act and all rules and

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

4 (Source: P.A. 90-7, eff. 6-10-97; 91-160, eff. 1-1-00.)

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

6 (Text of Section before amendment by P.A. 95-958)

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

21 Rulemaking authority to implement this amendatory Act of
22 the 95th General Assembly, if any, is conditioned on the rules
23 being adopted in accordance with all provisions of the Illinois
24 Administrative Procedure Act and all rules and procedures of
25 the Joint Committee on Administrative Rules; any purported rule

1 not so adopted, for whatever reason, is unauthorized.

2 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
3 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
4 1-1-09; revised 10-15-08.)

5 (Text of Section after amendment by P.A. 95-958)

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

21 Rulemaking authority to implement this amendatory Act of
22 the 95th General Assembly, if any, is conditioned on the rules
23 being adopted in accordance with all provisions of the Illinois
24 Administrative Procedure Act and all rules and procedures of
25 the Joint Committee on Administrative Rules; any purported rule

1 not so adopted, for whatever reason, is unauthorized.

2 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
3 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
4 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

5 Section 15-25. The School Code is amended by changing
6 Section 10-22.3f as follows:

7 (105 ILCS 5/10-22.3f)

8 (Text of Section before amendment by P.A. 95-958)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356u, 356w,
14 356x, 356z.6, 356z.9, and 356z.13 ~~356z.11~~ of the Illinois
15 Insurance Code.

16 Rulemaking authority to implement this amendatory Act of
17 the 95th General Assembly, if any, is conditioned on the rules
18 being adopted in accordance with all provisions of the Illinois
19 Administrative Procedure Act and all rules and procedures of
20 the Joint Committee on Administrative Rules; any purported rule
21 not so adopted, for whatever reason, is unauthorized.

22 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
23 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised 10-15-08.)

1 (Text of Section after amendment by P.A. 95-958)

2 Sec. 10-22.3f. Required health benefits. Insurance
3 protection and benefits for employees shall provide the
4 post-mastectomy care benefits required to be covered by a
5 policy of accident and health insurance under Section 356t and
6 the coverage required under Sections 356g, 356g.5, 356u, 356w,
7 356x, 356z.6, 356z.9, 356z.11, ~~and 356z.12~~, and 356z.13 ~~356z.11~~
8 of the Illinois Insurance Code.

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

15 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
16 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
17 revised 10-15-08.)

18 Section 15-30. The Health Maintenance Organization Act is
19 amended by changing Section 4-6.1 as follows:

20 (215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7)

21 Sec. 4-6.1. Mammograms; mastectomies.

22 (a) Every contract or evidence of coverage issued by a
23 Health Maintenance Organization for persons who are residents
24 of this State shall contain coverage for screening by low-dose

1 mammography for all women 35 years of age or older for the
2 presence of occult breast cancer. The coverage shall be as
3 follows:

4 (1) A baseline mammogram for women 35 to 39 years of
5 age.

6 (2) An annual mammogram for women 40 years of age or
7 older.

8 (3) A mammogram at the age and intervals considered
9 medically necessary by the woman's health care provider for
10 women under 40 years of age and having a family history of
11 breast cancer, prior personal history of breast cancer,
12 positive genetic testing, or other risk factors.

13 (4) A comprehensive ultrasound screening of an entire
14 breast or breasts if a mammogram demonstrates
15 heterogeneous or dense breast tissue, when medically
16 necessary as determined by a physician licensed to practice
17 medicine in all of its branches.

18 ~~These benefits shall be at least as favorable as for other~~
19 ~~radiological examinations and subject to the same dollar~~
20 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
21 this Section, "low-dose mammography" means the x-ray
22 examination of the breast using equipment dedicated
23 specifically for mammography, including the x-ray tube,
24 filter, compression device, and image receptor, with radiation
25 exposure delivery of less than 1 rad per breast for 2 views of
26 an average size breast. The term also includes digital

1 mammography.

2 (a-5) Coverage as described in subsection (a) shall be
3 provided at no cost to the enrollee and shall not be applied to
4 an annual or lifetime maximum benefit.

5 (b) No contract or evidence of coverage issued by a health
6 maintenance organization that provides for the surgical
7 procedure known as a mastectomy shall be issued, amended,
8 delivered, or renewed in this State on or after the effective
9 date of this amendatory Act of the 92nd General Assembly unless
10 that coverage also provides for prosthetic devices or
11 reconstructive surgery incident to the mastectomy, providing
12 that the mastectomy is performed after the effective date of
13 this amendatory Act. Coverage for breast reconstruction in
14 connection with a mastectomy shall include:

15 (1) reconstruction of the breast upon which the
16 mastectomy has been performed;

17 (2) surgery and reconstruction of the other breast to
18 produce a symmetrical appearance; and

19 (3) prostheses and treatment for physical
20 complications at all stages of mastectomy, including
21 lymphedemas.

22 Care shall be determined in consultation with the attending
23 physician and the patient. The offered coverage for prosthetic
24 devices and reconstructive surgery shall be subject to the
25 deductible and coinsurance conditions applied to the
26 mastectomy and all other terms and conditions applicable to

1 other benefits. When a mastectomy is performed and there is no
2 evidence of malignancy, then the offered coverage may be
3 limited to the provision of prosthetic devices and
4 reconstructive surgery to within 2 years after the date of the
5 mastectomy. As used in this Section, "mastectomy" means the
6 removal of all or part of the breast for medically necessary
7 reasons, as determined by a licensed physician.

8 Written notice of the availability of coverage under this
9 Section shall be delivered to the enrollee upon enrollment and
10 annually thereafter. A health maintenance organization may not
11 deny to an enrollee eligibility, or continued eligibility, to
12 enroll or to renew coverage under the terms of the plan solely
13 for the purpose of avoiding the requirements of this Section. A
14 health maintenance organization may not penalize or reduce or
15 limit the reimbursement of an attending provider or provide
16 incentives (monetary or otherwise) to an attending provider to
17 induce the provider to provide care to an insured in a manner
18 inconsistent with this Section.

19 (c) Rulemaking authority to implement this amendatory Act
20 of the 95th General Assembly, if any, is conditioned on the
21 rules being adopted in accordance with all provisions of the
22 Illinois Administrative Procedure Act and all rules and
23 procedures of the Joint Committee on Administrative Rules; any
24 purported rule not so adopted, for whatever reason, is
25 unauthorized.

26 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07.)

1 Section 15-35. The Voluntary Health Services Plans Act is
2 amended by changing Section 10 as follows:

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 (Text of Section before amendment by P.A. 95-958)

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, 140, 143, 143c,
9 149, 155.37, 354, 355.2, 356g, 356g.5, 356r, 356t, 356u, 356v,
10 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
11 356z.8, 356z.9, 356z.10, 356z.13 ~~356z.11~~, 364.01, 367.2, 368a,
12 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs
13 (7) and (15) of Section 367 of the Illinois Insurance Code.

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

20 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
21 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
22 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised
23 10-15-08.)

1 (Text of Section after amendment by P.A. 95-958)

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

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

18 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
19 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
20 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
21 eff. 1-1-09; revised 10-15-08.)

22 Article 90.

23 Section 90-95. No acceleration or delay. Where this Act
24 makes changes in a statute that is represented in this Act by

1 text that is not yet or no longer in effect (for example, a
2 Section represented by multiple versions), the use of that text
3 does not accelerate or delay the taking effect of (i) the
4 changes made by this Act or (ii) provisions derived from any
5 other Public Act.

6 Section 90-99. Effective date. This Act takes effect upon
7 becoming law.