



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB0626

Introduced 2/6/2009, by Rep. Mary E. Flowers

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11
55 ILCS 5/5-1069.3
65 ILCS 5/10-4-2.3
105 ILCS 5/10-22.3f
215 ILCS 5/356z.15 new
215 ILCS 5/356z.16 new
215 ILCS 5/356z.17 new
215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2
215 ILCS 165/10 from Ch. 32, par. 604
30 ILCS 805/8.33 new

Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Illinois Insurance Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act. Provides that an individual or group policy of accident and health insurance or managed care plan must provide coverage for intravenous feeding, prescription nutritional supplements, and physician prescribed or ordered pain medication. Amends the State Mandates Act to require implementation without reimbursement by the State.

LRB096 03247 RPM 13264 b

FISCAL NOTE ACT
MAY APPLY

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

1 AN ACT concerning insurance.

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

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

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

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g.5,
14 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,
15 356z.13 ~~356z.11~~, and 356z.14, 356z.15, 356z.16, and 356z.17 of
16 the Illinois Insurance Code. The program of health benefits
17 must comply with Section 155.37 of the Illinois Insurance Code.
18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
19 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
20 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

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

22 Sec. 6.11. Required health benefits; Illinois Insurance

1 Code requirements. The program of health benefits shall provide
2 the post-mastectomy care benefits required to be covered by a
3 policy of accident and health insurance under Section 356t of
4 the Illinois Insurance Code. The program of health benefits
5 shall provide the coverage required under Sections 356g.5,
6 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,
7 356z.11, ~~and 356z.12, 356z.13~~ ~~356z.11, and 356z.14, 356z.15,~~
8 356z.16, and 356z.17 of the Illinois Insurance Code. The
9 program of health benefits must comply with Section 155.37 of
10 the Illinois Insurance Code.

11 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
12 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
13 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
14 12-15-08.)

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

17 (55 ILCS 5/5-1069.3)

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

19 Sec. 5-1069.3. Required health benefits. If a county,
20 including a home rule county, is a self-insurer for purposes of
21 providing health insurance coverage for its employees, the
22 coverage shall include coverage for the post-mastectomy care
23 benefits required to be covered by a policy of accident and
24 health insurance under Section 356t and the coverage required

1 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
2 356z.10, 356z.13 ~~356z.11~~, ~~and~~ 356z.14, 356z.15, 356z.16, and
3 356z.17 of the Illinois Insurance Code. The requirement that
4 health benefits be covered as provided in this Section is an
5 exclusive power and function of the State and is a denial and
6 limitation under Article VII, Section 6, subsection (h) of the
7 Illinois Constitution. A home rule county to which this Section
8 applies must comply with every provision of this Section.

9 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
10 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
11 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

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

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

1 to which this Section applies must comply with every provision
2 of this Section.

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; 95-1005, eff. 12-12-08; revised
6 12-15-08.)

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

9 (65 ILCS 5/10-4-2.3)

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

11 Sec. 10-4-2.3. Required health benefits. If a
12 municipality, including a home rule municipality, is a
13 self-insurer for purposes of providing health insurance
14 coverage for its employees, the coverage shall include coverage
15 for the post-mastectomy care benefits required to be covered by
16 a policy of accident and health insurance under Section 356t
17 and the coverage required under Sections 356g.5, 356u, 356w,
18 356x, 356z.6, 356z.9, 356z.10, 356z.13 ~~356z.11~~, ~~and~~ 356z.14,
19 356z.15, 356z.16, and 356z.17 of the Illinois Insurance Code.

20 The requirement that health benefits be covered as provided in
21 this is an exclusive power and function of the State and is a
22 denial and limitation under Article VII, Section 6, subsection
23 (h) of the Illinois Constitution. A home rule municipality to
24 which this Section applies must comply with every provision of

1 this Section.

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; 95-1005, eff. 12-12-08; revised 12-15-08.)

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.5, 356u, 356w,
13 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, 356z.13
14 ~~356z.11, and~~ 356z.14, 356z.15, 356z.16, and 356z.17 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 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
22 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
23 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
24 12-15-08.)

1 Section 20. The School Code is amended by changing Section
2 10-22.3f as follows:

3 (105 ILCS 5/10-22.3f)

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

5 Sec. 10-22.3f. Required health benefits. Insurance
6 protection and benefits for employees shall provide the
7 post-mastectomy care benefits required to be covered by a
8 policy of accident and health insurance under Section 356t and
9 the coverage required under Sections 356g.5, 356u, 356w, 356x,
10 356z.6, 356z.9, 356z.13 ~~and 356z.11,~~ and 356z.14, 356z.15,
11 356z.16, and 356z.17 of the Illinois Insurance Code.

12 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
13 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff.
14 12-12-08; revised 12-15-08.)

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

16 Sec. 10-22.3f. Required health benefits. Insurance
17 protection and benefits for employees shall provide the
18 post-mastectomy care benefits required to be covered by a
19 policy of accident and health insurance under Section 356t and
20 the coverage required under Sections 356g.5, 356u, 356w, 356x,
21 356z.6, 356z.9, 356z.11, ~~and 356z.12,~~ 356z.13 ~~and 356z.11,~~ ~~and~~
22 356z.14, 356z.15, 356z.16, and 356z.17 of the Illinois
23 Insurance Code.

24 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;

1 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
2 95-1005, 12-12-08; revised 12-15-08.)

3 Section 25. The Illinois Insurance Code is amended by
4 adding Sections 356z.15, 356z.16, and 356z.17 as follows:

5 (215 ILCS 5/356z.15 new)

6 Sec. 356z.15. Intravenous feeding. A group or individual
7 policy of accident and health insurance or managed care plan
8 amended, delivered, issued, or renewed after the effective date
9 of this amendatory Act of the 96th General Assembly must
10 provide coverage for intravenous feeding. The benefits under
11 this Section shall be at least as favorable as for other
12 coverages under the policy and may be subject to the same
13 dollar amount limits, deductibles, and co-insurance
14 requirements applicable generally to other coverages under the
15 policy.

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

17 Sec. 356z.16. Prescription nutritional supplements. A
18 group or individual policy of accident and health insurance or
19 managed care plan amended, delivered, issued, or renewed after
20 the effective date of this amendatory Act of the 96th General
21 Assembly that provides coverage for prescription drugs must
22 provide coverage for reimbursement for medically appropriate
23 prescription nutritional supplements when ordered by a

1 physician licensed to practice medicine in all its branches and
2 the insured suffers from a condition that prevents him or her
3 from taking sufficient oral nourishment to sustain life.

4 (215 ILCS 5/356z.17 new)

5 Sec. 356z.17. Pain medication coverage. A group or
6 individual policy of accident and health insurance or managed
7 care plan amended, delivered, issued, or renewed after the
8 effective date of this amendatory Act of the 96th General
9 Assembly that provides coverage for prescription drugs must
10 provide coverage for any pain medication prescribed or ordered
11 by the insured's treating physician licensed to practice
12 medicine in all its branches.

13 Section 30. The Health Maintenance Organization Act is
14 amended by changing Section 5-3 as follows:

15 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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

17 Sec. 5-3. Insurance Code provisions.

18 (a) Health Maintenance Organizations shall be subject to
19 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
20 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
21 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
22 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
23 356z.13 ~~356z.11~~, 356z.14, 356z.15, 356z.16, 356z.17, 364.01,

1 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,
2 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
3 paragraph (c) of subsection (2) of Section 367, and Articles
4 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
5 the Illinois Insurance Code.

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

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

12 (2) a corporation organized under the laws of this
13 State; or

14 (3) a corporation organized under the laws of another
15 state, 30% or more of the enrollees of which are residents
16 of this State, except a corporation subject to
17 substantially the same requirements in its state of
18 organization as is a "domestic company" under Article VIII
19 1/2 of the Illinois Insurance Code.

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

23 (1) the Director shall give primary consideration to
24 the continuation of benefits to enrollees and the financial
25 conditions of the acquired Health Maintenance Organization
26 after the merger, consolidation, or other acquisition of

1 control takes effect;

2 (2) (i) the criteria specified in subsection (1) (b) of
3 Section 131.8 of the Illinois Insurance Code shall not
4 apply and (ii) the Director, in making his determination
5 with respect to the merger, consolidation, or other
6 acquisition of control, need not take into account the
7 effect on competition of the merger, consolidation, or
8 other acquisition of control;

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

11 (A) certification by an independent actuary of the
12 adequacy of the reserves of the Health Maintenance
13 Organization sought to be acquired;

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

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

25 (D) such other information as the Director shall
26 require.

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

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

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

24 (i) the amount of, and other terms and conditions with
25 respect to, the refund or additional premium are set forth
26 in the group or enrollment unit contract agreed in advance

1 of the period for which a refund is to be paid or
2 additional premium is to be charged (which period shall not
3 be less than one year); and

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

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

1 or (2) the Health Maintenance Organization's unprofitable
2 experience with respect to the group or enrollment unit and the
3 resulting additional premium to be paid by the group or
4 enrollment unit.

5 In no event shall the Illinois Health Maintenance
6 Organization Guaranty Association be liable to pay any
7 contractual obligation of an insolvent organization to pay any
8 refund authorized under this Section.

9 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
10 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
11 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
12 12-15-08.)

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

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to
16 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
17 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
18 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
19 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
20 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 356z.16,
21 356z.17, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,
22 368e, 370c, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
23 444, and 444.1, paragraph (c) of subsection (2) of Section 367,
24 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
25 and XXVI of the Illinois Insurance Code.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 its health care certificates).

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

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

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

25 (ii) the amount of the refund or additional premium
26 shall not exceed 20% of the Health Maintenance

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

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

26 In no event shall the Illinois Health Maintenance

1 Organization Guaranty Association be liable to pay any
2 contractual obligation of an insolvent organization to pay any
3 refund authorized under this Section.

4 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
5 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
6 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005,
7 eff. 12-12-08; revised 12-15-08.)

8 Section 35. The Voluntary Health Services Plans Act is
9 amended by changing Section 10 as follows:

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

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

12 Sec. 10. Application of Insurance Code provisions. Health
13 services plan corporations and all persons interested therein
14 or dealing therewith shall be subject to the provisions of
15 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
16 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w,
17 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8,
18 356z.9, 356z.10, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 356z.16,
19 356z.17, 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408,
20 408.2, and 412, and paragraphs (7) and (15) of Section 367 of
21 the Illinois Insurance Code.

22 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
23 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
24 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005,

1 eff. 12-12-08; revised 12-15-08.)

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

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

13 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
14 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
15 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
16 eff. 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

17 Section 90. The State Mandates Act is amended by adding
18 Section 8.33 as follows:

19 (30 ILCS 805/8.33 new)

20 Sec. 8.33. Exempt mandate. Notwithstanding Sections 6 and 8
21 of this Act, no reimbursement by the State is required for the
22 implementation of any mandate created by this amendatory Act of
23 the 96th General Assembly.

1 Section 95. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.