



Rep. Sara Feigenholtz

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1 AMENDMENT TO SENATE BILL 647

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 647 by replacing  
3 everything after the enacting clause with the following:

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

6 (5 ILCS 375/6.11)

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

1 Sections 155.22a, 155.37, 355b, and 356z.19 of the Illinois  
2 Insurance Code.

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

9 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
10 eff. 7-13-12; 98-189, eff. 1-1-14.)

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

13 (55 ILCS 5/5-1069.3)

14 Sec. 5-1069.3. Required health benefits. If a county,  
15 including a home rule county, is a self-insurer for purposes of  
16 providing health insurance coverage for its employees, the  
17 coverage shall include coverage for the post-mastectomy care  
18 benefits required to be covered by a policy of accident and  
19 health insurance under Section 356t and the coverage required  
20 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,  
21 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
22 356z.14, ~~and~~ 356z.15, and 356z.22 of the Illinois Insurance  
23 Code. The coverage shall comply with Sections 155.22a, 355b,  
24 and 356z.19 of the Illinois Insurance Code. The requirement

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

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

13 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
14 eff. 7-13-12; 98-189, eff. 1-1-14.)

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

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a  
19 municipality, including a home rule municipality, is a  
20 self-insurer for purposes of providing health insurance  
21 coverage for its employees, the coverage shall include coverage  
22 for the post-mastectomy care benefits required to be covered by  
23 a policy of accident and health insurance under Section 356t  
24 and the coverage required under Sections 356g, 356g.5,

1 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,  
2 356z.11, 356z.12, 356z.13, 356z.14, ~~and~~ 356z.15, and 356z.22 of  
3 the Illinois Insurance Code. The coverage shall comply with  
4 Sections 155.22a, 355b, and 356z.19 of the Illinois Insurance  
5 Code. The requirement that health benefits be covered as  
6 provided in this is an exclusive power and function of the  
7 State and is a denial and limitation under Article VII, Section  
8 6, subsection (h) of the Illinois Constitution. A home rule  
9 municipality to which this Section applies must comply with  
10 every provision of this Section.

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

17 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
18 eff. 7-13-12; 98-189, eff. 1-1-14.)

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

21 (105 ILCS 5/10-22.3f)

22 Sec. 10-22.3f. Required health benefits. Insurance  
23 protection and benefits for employees shall provide the  
24 post-mastectomy care benefits required to be covered by a

1 policy of accident and health insurance under Section 356t and  
2 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
3 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,  
4 356z.13, 356z.14, ~~and 356z.15,~~ and 356z.22 of the Illinois  
5 Insurance Code. Insurance policies shall comply with Section  
6 356z.19 of the Illinois Insurance Code. The coverage shall  
7 comply with Sections 155.22a and 355b of the Illinois Insurance  
8 Code.

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

15 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,  
16 eff. 7-13-12; 98-189, eff. 1-1-14.)

17 Section 25. The Illinois Insurance Code is amended by  
18 adding Section 356z.22 as follows:

19 (215 ILCS 5/356z.22 new)

20 Sec. 356z.22. Coverage for telehealth services.

21 (a) For purposes of this Section:

22 "Distant site" means the location at which the health  
23 care provider rendering the telehealth service is located.

24 "Interactive telecommunications system" means an audio

1 and video system permitting 2-way, live interactive  
2 communication between the patient and the distant site  
3 health care provider.

4 "Telehealth services" means the delivery of covered  
5 health care services by way of an interactive  
6 telecommunications system.

7 (b) If an individual or group policy of accident or health  
8 insurance provides coverage for telehealth services, then it  
9 must comply with the following:

10 (1) An individual or group policy of accident or health  
11 insurance providing telehealth services may not:

12 (A) require that in-person contact occur between a  
13 health care provider and a patient;

14 (B) require the health care provider to document a  
15 barrier to an in-person consultation for coverage of  
16 services to be provided through telehealth;

17 (C) require the use of telehealth when the health  
18 care provider has determined that it is not  
19 appropriate; or

20 (D) require the use of telehealth when a patient  
21 chooses an in-person consultation.

22 (2) Deductibles, copayments, or coinsurance applicable  
23 to services provided through telehealth shall not exceed  
24 the deductibles, copayments, or coinsurance required by  
25 the individual or group policy of accident or health  
26 insurance for the same services provided through in-person

1           consultation.

2           (c) Nothing in this Section shall be deemed as precluding a  
3 health insurer from providing benefits for other services,  
4 including, but not limited to, remote monitoring services,  
5 other monitoring services, or oral communications otherwise  
6 covered under the policy.

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

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

10          Sec. 5-3. Insurance Code provisions.

11          (a) Health Maintenance Organizations shall be subject to  
12 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
13 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
14 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,  
15 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,  
16 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
17 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,  
18 356z.22, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d,  
19 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2,  
20 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of  
21 Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
22 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

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

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

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

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

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

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

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

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



1 other acquisition of control;

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

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

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

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

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

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

26 (e) In considering any management contract or service

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

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

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

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

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

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

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

1 refund authorized under this Section.

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

8 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-437,  
9 eff. 8-18-11; 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; 97-805,  
10 eff. 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14.)

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

13 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

14 Sec. 4003. Illinois Insurance Code provisions. Limited  
15 health service organizations shall be subject to the provisions  
16 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,  
17 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,  
18 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,  
19 356z.10, 356z.21, 356z.22, 368a, 401, 401.1, 402, 403, 403A,  
20 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII  
21 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the  
22 Illinois Insurance Code. For purposes of the Illinois Insurance  
23 Code, except for Sections 444 and 444.1 and Articles XIII and  
24 XIII 1/2, limited health service organizations in the following

1 categories are deemed to be domestic companies:

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

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

9 (Source: P.A. 97-486, eff. 1-1-12; 97-592, 1-1-12; 97-805, eff.  
10 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14.)

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

13 (215 ILCS 165/10) (from Ch. 32, par. 604)

14 Sec. 10. Application of Insurance Code provisions. Health  
15 services plan corporations and all persons interested therein  
16 or dealing therewith shall be subject to the provisions of  
17 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
18 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,  
19 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,  
20 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,  
21 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,  
22 356z.19, 356z.21, 356z.22, 364.01, 367.2, 368a, 401, 401.1,  
23 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) and  
24 (15) of Section 367 of the Illinois Insurance Code.

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

7           (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-486,  
8 eff. 1-1-12; 97-592, eff. 1-1-12; 97-805, eff. 1-1-13; 97-813,  
9 eff. 7-13-12; 98-189, eff. 1-1-14.)".