

1 AN ACT concerning public health.

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

4 Section 1. Short title. This Act may be cited as the
5 Hepatitis C Screening Act.

6 Section 5. Definitions. For purposes of this Act:

7 "Comprehensive physical examination" means a medical
8 examination in which a health care practitioner takes a
9 complete medical history to be used in the development of a
10 comprehensive prevention and treatment plan, regardless of
11 setting, including, but not limited to, a physician's office,
12 clinic, in-patient or out-patient facility.

13 "Department" means the Department of Public Health.

14 "Health care practitioner" means a physician licensed to
15 practice medicine in all its branches, a physician assistant,
16 or an advanced practice nurse.

17 "Primary care" means the medical fields of family medicine,
18 general internal medicine, obstetrics, or gynecology.

19 Section 10. Hepatitis C screening.

20 (a) Health care practitioners offering primary care shall
21 offer a one-time hepatitis C screening to persons born between
22 the years of 1945 and 1965 during comprehensive physical

1 examinations and for all new patients born between the years of
2 1945 and 1965. Nothing in this Act shall be construed to
3 restrict a health care practitioner from recommending
4 screening to any patient at any time.

5 (b) Health care practitioners engaged in a comprehensive
6 physical examination, regardless of setting, shall offer a
7 one-time hepatitis C screening to persons born between the
8 years of 1945 and 1965 any time blood is drawn for testing.

9 (c) The requirements in subsections (a) and (b) do not
10 apply when:

11 (1) the health care practitioner reasonably believes
12 that hepatitis C screening is contraindicated for the
13 patient;

14 (2) the health care practitioner believes an offer
15 would interfere with the appropriate care and treatment of
16 the patient under the circumstances;

17 (3) the patient is being seen for an acute ailment,
18 illness, or condition;

19 (4) the patient is being evaluated or treated for an
20 emergency as defined by the federal Emergency Medical
21 Treatment and Labor Act; or

22 (5) the patient has been previously screened for
23 hepatitis C.

24 Section 90. Repealer. This Act is repealed on January 1,
25 2020.

1 Section 900. The State Employees Group Insurance Act of
2 1971 is amended by changing Section 6.11 as follows:

3 (5 ILCS 375/6.11)

4 Sec. 6.11. Required health benefits; Illinois Insurance
5 Code requirements. The program of health benefits shall provide
6 the post-mastectomy care benefits required to be covered by a
7 policy of accident and health insurance under Section 356t of
8 the Illinois Insurance Code. The program of health benefits
9 shall provide the coverage required under Sections 356g,
10 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
11 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
12 356z.14, 356z.15, 356z.17, ~~and~~ 356z.22, and 356z.23 of the
13 Illinois Insurance Code. The program of health benefits must
14 comply with Sections 155.22a, 155.37, 355b, and 356z.19 of the
15 Illinois Insurance Code.

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

22 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
23 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

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

3 (55 ILCS 5/5-1069.3)

4 Sec. 5-1069.3. Required health benefits. If a county,
5 including a home rule county, is a self-insurer for purposes of
6 providing health insurance coverage for its employees, the
7 coverage shall include coverage for the post-mastectomy care
8 benefits required to be covered by a policy of accident and
9 health insurance under Section 356t and the coverage required
10 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,
11 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
12 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.23 of the Illinois
13 Insurance Code. The coverage shall comply with Sections
14 155.22a, 355b, and 356z.19 of the Illinois Insurance Code. The
15 requirement that health benefits be covered as provided in this
16 Section is an exclusive power and function of the State and is
17 a denial and limitation under Article VII, Section 6,
18 subsection (h) of the Illinois Constitution. A home rule county
19 to which this Section applies must comply with every provision
20 of this Section.

21 Rulemaking authority to implement Public Act 95-1045, if
22 any, is conditioned on the rules being adopted in accordance
23 with all provisions of the Illinois Administrative Procedure
24 Act and all rules and procedures of the Joint Committee on
25 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
3 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

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

6 (65 ILCS 5/10-4-2.3)

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,
14 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and
16 356z.23 of the Illinois Insurance Code. The coverage shall
17 comply with Sections 155.22a, 355b, and 356z.19 of the Illinois
18 Insurance Code. The requirement that health benefits be covered
19 as provided in this is an exclusive power and function of the
20 State and is a denial and limitation under Article VII, Section
21 6, subsection (h) of the Illinois Constitution. A home rule
22 municipality to which this Section applies must comply with
23 every provision of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if

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

6 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
7 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

8 Section 915. The School Code is amended by changing Section
9 10-22.3f as follows:

10 (105 ILCS 5/10-22.3f)

11 Sec. 10-22.3f. Required health benefits. Insurance
12 protection and benefits for employees shall provide the
13 post-mastectomy care benefits required to be covered by a
14 policy of accident and health insurance under Section 356t and
15 the coverage required under Sections 356g, 356g.5, 356g.5-1,
16 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,
17 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.23 of the
18 Illinois Insurance Code. Insurance policies shall comply with
19 Section 356z.19 of the Illinois Insurance Code. The coverage
20 shall comply with Sections 155.22a and 355b of the Illinois
21 Insurance Code.

22 Rulemaking authority to implement Public Act 95-1045, if
23 any, is conditioned on the rules being adopted in accordance
24 with all provisions of the Illinois Administrative Procedure

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

4 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-813,
5 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

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

8 (215 ILCS 5/356z.23 new)

9 Sec. 356z.23. Hepatitis C testing. On and after the
10 effective date of this amendatory Act of the 99th General
11 Assembly, every insurer that amends, delivers, issues, or
12 renews a group or individual major medical policy of accident
13 and health insurance in this State providing coverage for
14 hospital or medical treatment shall provide coverage for
15 hepatitis C screening and confirmatory testing consistent with
16 reasonable medical standards.

17 Section 925. The Health Maintenance Organization Act is
18 amended by changing Section 5-3 as follows:

19 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

20 Sec. 5-3. Insurance Code provisions.

21 (a) Health Maintenance Organizations shall be subject to
22 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,

1 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
2 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
3 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
4 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
5 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
6 356z.22, 356z.23, 364.01, 367.2, 367.2-5, 367i, 368a, 368b,
7 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
8 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
9 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,
10 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois
11 Insurance Code.

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

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

18 (2) a corporation organized under the laws of this
19 State; or

20 (3) a corporation organized under the laws of another
21 state, 30% or more of the enrollees of which are residents
22 of this State, except a corporation subject to
23 substantially the same requirements in its state of
24 organization as is a "domestic company" under Article VIII
25 1/2 of the Illinois Insurance Code.

26 (c) In considering the merger, consolidation, or other

1 acquisition of control of a Health Maintenance Organization
2 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

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

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

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

17 (A) certification by an independent actuary of the
18 adequacy of the reserves of the Health Maintenance
19 Organization sought to be acquired;

20 (B) pro forma financial statements reflecting the
21 combined balance sheets of the acquiring company and
22 the Health Maintenance Organization sought to be
23 acquired as of the end of the preceding year and as of
24 a date 90 days prior to the acquisition, as well as pro
25 forma financial statements reflecting projected
26 combined operation for a period of 2 years;

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

5 (D) such other information as the Director shall
6 require.

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

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

23 (f) Except for small employer groups as defined in the
24 Small Employer Rating, Renewability and Portability Health
25 Insurance Act and except for medicare supplement policies as
26 defined in Section 363 of the Illinois Insurance Code, a Health

1 Maintenance Organization may by contract agree with a group or
2 other enrollment unit to effect refunds or charge additional
3 premiums under the following terms and conditions:

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

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

25 The Health Maintenance Organization shall include a
26 statement in the evidence of coverage issued to each enrollee

1 describing the possibility of a refund or additional premium,
2 and upon request of any group or enrollment unit, provide to
3 the group or enrollment unit a description of the method used
4 to calculate (1) the Health Maintenance Organization's
5 profitable experience with respect to the group or enrollment
6 unit and the resulting refund to the group or enrollment unit
7 or (2) the Health Maintenance Organization's unprofitable
8 experience with respect to the group or enrollment unit and the
9 resulting additional premium to be paid by the group or
10 enrollment unit.

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

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

21 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-437,
22 eff. 8-18-11; 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; 97-805,
23 eff. 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14;
24 98-1091, eff. 1-1-15.)

25 Section 930. The Voluntary Health Services Plans Act is

1 amended by changing Section 10 as follows:

2 (215 ILCS 165/10) (from Ch. 32, par. 604)

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, 136, 139, 140,
7 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b, 356g,
8 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x, 356y,
9 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
10 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
11 356z.19, 356z.21, 356z.22, 356z.23, 364.01, 367.2, 368a, 401,
12 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
13 and (15) of Section 367 of the Illinois Insurance Code.

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

20 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-486,
21 eff. 1-1-12; 97-592, eff. 1-1-12; 97-805, eff. 1-1-13; 97-813,
22 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

23 Section 935. The Illinois Public Aid Code is amended by
24 changing Section 5-16.8 as follows:

1 (305 ILCS 5/5-16.8)

2 Sec. 5-16.8. Required health benefits. The medical
3 assistance program shall (i) provide the post-mastectomy care
4 benefits required to be covered by a policy of accident and
5 health insurance under Section 356t and the coverage required
6 under Sections 356g.5, 356u, 356w, 356x, ~~and~~ 356z.6, and
7 356z.23 of the Illinois Insurance Code and (ii) be subject to
8 the provisions of Sections 356z.19 and 364.01 of the Illinois
9 Insurance Code.

10 On and after July 1, 2012, the Department shall reduce any
11 rate of reimbursement for services or other payments or alter
12 any methodologies authorized by this Code to reduce any rate of
13 reimbursement for services or other payments in accordance with
14 Section 5-5e.

15 (Source: P.A. 97-282, eff. 8-9-11; 97-689, eff. 6-14-12.)