



Sen. John G. Mulroe

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1 AMENDMENT TO SENATE BILL 661

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 661 by replacing  
3 everything after the enacting clause with the following:

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.

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

3           Section 10. Hepatitis C screening.

4           (a) Health care practitioners offering primary care shall  
5 offer a one-time hepatitis C screening to persons born between  
6 the years of 1945 and 1965 during comprehensive physical  
7 examinations and for all new patients born between the years of  
8 1945 and 1965. Nothing in this Act shall be construed to  
9 restrict a health care practitioner from recommending  
10 screening to any patient at any time.

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

15           (c) The requirements in subsections (a) and (b) do not  
16 apply when:

17           (1) the health care practitioner reasonably believes  
18 that hepatitis C screening is contraindicated for the  
19 patient;

20           (2) the health care practitioner believes an offer  
21 would interfere with the appropriate care and treatment of  
22 the patient under the circumstances;

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

25           (4) the patient is being evaluated or treated for an

1 emergency as defined by the federal Emergency Medical  
2 Treatment and Labor Act; or

3 (5) the patient has been previously screened for  
4 hepatitis C.

5 Section 15. Public health campaign. The Department shall  
6 conduct a public education campaign to describe the prevalence  
7 of hepatitis C, the risk factors for contracting hepatitis C,  
8 persons who should be screened, and complications and  
9 conditions resulting from hepatitis C.

10 Section 90. Repealer. This Act is repealed on January 1,  
11 2020.

12 Section 900. 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 Sec. 6.11. Required health benefits; Illinois Insurance  
16 Code requirements. The program of health benefits shall provide  
17 the post-mastectomy care benefits required to be covered by a  
18 policy of accident and health insurance under Section 356t of  
19 the Illinois Insurance Code. The program of health benefits  
20 shall provide the coverage required under Sections 356g,  
21 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,  
22 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,

1 356z.14, 356z.15, 356z.17, ~~and~~ 356z.22, and 356z.23 of the  
2 Illinois Insurance Code. The program of health benefits must  
3 comply with Sections 155.22a, 155.37, 355b, and 356z.19 of the  
4 Illinois Insurance Code.

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

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

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

15 (55 ILCS 5/5-1069.3)

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

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

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; 98-1091, eff. 1-1-15.)

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

19 (65 ILCS 5/10-4-2.3)

20 Sec. 10-4-2.3. Required health benefits. If a  
21 municipality, including a home rule municipality, is a  
22 self-insurer for purposes of providing health insurance  
23 coverage for its employees, the coverage shall include coverage  
24 for the post-mastectomy care benefits required to be covered by

1 a policy of accident and health insurance under Section 356t  
2 and the coverage required under Sections 356g, 356g.5,  
3 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,  
4 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and  
5 356z.23 of the Illinois Insurance Code. The coverage shall  
6 comply with Sections 155.22a, 355b, and 356z.19 of the Illinois  
7 Insurance Code. The requirement that health benefits be covered  
8 as provided in this is an exclusive power and function of the  
9 State and is a denial and limitation under Article VII, Section  
10 6, subsection (h) of the Illinois Constitution. A home rule  
11 municipality to which this Section applies must comply with  
12 every provision of this Section.

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

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

21 Section 915. The School Code is amended by changing Section  
22 10-22.3f as follows:

23 (105 ILCS 5/10-22.3f)

24 Sec. 10-22.3f. Required health benefits. Insurance

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

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; 98-1091, eff. 1-1-15.)

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

21 (215 ILCS 5/356z.23 new)

22 Sec. 356z.23. Hepatitis C testing. On and after the  
23 effective date of this amendatory Act of the 99th General  
24 Assembly, every insurer that amends, delivers, issues, or

1 renews a group or individual major medical policy of accident  
2 and health insurance in this State providing coverage for  
3 hospital or medical treatment shall provide coverage for  
4 hepatitis C screening and confirmatory testing consistent with  
5 reasonable medical standards.

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

8 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

9 Sec. 5-3. Insurance Code provisions.

10 (a) Health Maintenance Organizations shall be subject to  
11 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
12 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
13 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,  
14 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,  
15 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
16 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,  
17 356z.22, 356z.23, 364.01, 367.2, 367.2-5, 367i, 368a, 368b,  
18 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
19 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
20 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,  
21 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois  
22 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 98-1091, eff. 1-1-15.)

12 Section 930. The Voluntary Health Services Plans Act is  
13 amended by changing Section 10 as follows:

14 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

1 and (15) of Section 367 of the Illinois Insurance Code.

2 Rulemaking authority to implement Public Act 95-1045, if  
3 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; 97-486,  
9 eff. 1-1-12; 97-592, eff. 1-1-12; 97-805, eff. 1-1-13; 97-813,  
10 eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15.)

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

13 (305 ILCS 5/5-16.8)

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

22 On and after July 1, 2012, the Department shall reduce any  
23 rate of reimbursement for services or other payments or alter  
24 any methodologies authorized by this Code to reduce any rate of

1 reimbursement for services or other payments in accordance with  
2 Section 5-5e.  
3 (Source: P.A. 97-282, eff. 8-9-11; 97-689, eff. 6-14-12.)".