



Sen. John G. Mulroe

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1 AMENDMENT TO SENATE BILL 661

2 AMENDMENT NO. _____. Amend Senate Bill 661, AS AMENDED, by
3 replacing everything after the enacting clause with the
4 following:

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

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

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

14 "Department" means the Department of Public Health.

15 "Health care practitioner" means a physician licensed to
16 practice medicine in all its branches, a physician assistant,

1 or an advanced practice nurse.

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

4 Section 10. Hepatitis C screening.

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

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

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

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

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

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

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

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

6 Section 90. Repealer. This Act is repealed on January 1,
7 2020.

8 Section 900. The State Employees Group Insurance Act of
9 1971 is amended by changing Section 6.11 as follows:

10 (5 ILCS 375/6.11)

11 Sec. 6.11. Required health benefits; Illinois Insurance
12 Code requirements. The program of health benefits shall provide
13 the post-mastectomy care benefits required to be covered by a
14 policy of accident and health insurance under Section 356t of
15 the Illinois Insurance Code. The program of health benefits
16 shall provide the coverage required under Sections 356g,
17 356g.5, 356g.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4,
18 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
19 356z.14, 356z.15, 356z.17, ~~and~~ 356z.22, and 356z.23 of the
20 Illinois Insurance Code. The program of health benefits must
21 comply with Sections 155.22a, 155.37, 355b, and 356z.19 of the
22 Illinois Insurance Code.

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

10 (55 ILCS 5/5-1069.3)

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

1 subsection (h) of the Illinois Constitution. A home rule county
2 to which this Section applies must comply with every provision
3 of this Section.

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

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

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

14 (65 ILCS 5/10-4-2.3)

15 Sec. 10-4-2.3. Required health benefits. If a
16 municipality, including a home rule municipality, is a
17 self-insurer for purposes of providing health insurance
18 coverage for its employees, the coverage shall include coverage
19 for the post-mastectomy care benefits required to be covered by
20 a policy of accident and health insurance under Section 356t
21 and the coverage required under Sections 356g, 356g.5,
22 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10,
23 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and
24 356z.23 of the Illinois Insurance Code. The coverage shall

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

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

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

16 Section 915. The School Code is amended by changing Section
17 10-22.3f as follows:

18 (105 ILCS 5/10-22.3f)

19 Sec. 10-22.3f. Required health benefits. Insurance
20 protection and benefits for employees shall provide the
21 post-mastectomy care benefits required to be covered by a
22 policy of accident and health insurance under Section 356t and
23 the coverage required under Sections 356g, 356g.5, 356g.5-1,
24 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,

1 356z.13, 356z.14, 356z.15, ~~and~~ 356z.22, and 356z.23 of the
2 Illinois Insurance Code. Insurance policies shall comply with
3 Section 356z.19 of the Illinois Insurance Code. The coverage
4 shall comply with Sections 155.22a and 355b of the Illinois
5 Insurance Code.

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

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

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

16 (215 ILCS 5/356z.23 new)

17 Sec. 356z.23. Hepatitis C testing. On and after the
18 effective date of this amendatory Act of the 99th General
19 Assembly, every insurer that amends, delivers, issues, or
20 renews a group or individual major medical policy of accident
21 and health insurance in this State providing coverage for
22 hospital or medical treatment shall provide coverage for
23 hepatitis C screening and confirmatory testing consistent with
24 reasonable medical standards.

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

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

4 Sec. 5-3. Insurance Code provisions.

5 (a) Health Maintenance Organizations shall be subject to
6 the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
7 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
8 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2, 355.3,
9 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4,
10 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
11 356z.13, 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.21,
12 356z.22, 356z.23, 364.01, 367.2, 367.2-5, 367i, 368a, 368b,
13 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
14 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
15 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,
16 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois
17 Insurance Code.

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

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

24 (2) a corporation organized under the laws of this

1 State; or

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

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

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

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

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

25 (A) certification by an independent actuary of the
26 adequacy of the reserves of the Health Maintenance

1 Organization sought to be acquired;

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

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

13 (D) such other information as the Director shall
14 require.

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

21 (e) In considering any management contract or service
22 agreement subject to Section 141.1 of the Illinois Insurance
23 Code, the Director (i) shall, in addition to the criteria
24 specified in Section 141.2 of the Illinois Insurance Code, take
25 into account the effect of the management contract or service
26 agreement on the continuation of benefits to enrollees and the

1 financial condition of the health maintenance organization to
2 be managed or serviced, and (ii) need not take into account the
3 effect of the management contract or service agreement on
4 competition.

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

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

18 (ii) the amount of the refund or additional premium
19 shall not exceed 20% of the Health Maintenance
20 Organization's profitable or unprofitable experience with
21 respect to the group or other enrollment unit for the
22 period (and, for purposes of a refund or additional
23 premium, the profitable or unprofitable experience shall
24 be calculated taking into account a pro rata share of the
25 Health Maintenance Organization's administrative and
26 marketing expenses, but shall not include any refund to be

1 made or additional premium to be paid pursuant to this
2 subsection (f)). The Health Maintenance Organization and
3 the group or enrollment unit may agree that the profitable
4 or unprofitable experience may be calculated taking into
5 account the refund period and the immediately preceding 2
6 plan years.

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

19 In no event shall the Illinois Health Maintenance
20 Organization Guaranty Association be liable to pay any
21 contractual obligation of an insolvent organization to pay any
22 refund authorized under this Section.

23 (g) Rulemaking authority to implement Public Act 95-1045,
24 if any, is conditioned on the rules being adopted in accordance
25 with all provisions of the Illinois Administrative Procedure
26 Act and all rules and procedures of the Joint Committee on

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

3 (Source: P.A. 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 97-437,
4 eff. 8-18-11; 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; 97-805,
5 eff. 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14;
6 98-1091, eff. 1-1-15.)

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

9 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

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

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

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

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

8 (305 ILCS 5/5-16.8)

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

17 On and after July 1, 2012, the Department shall reduce any
18 rate of reimbursement for services or other payments or alter
19 any methodologies authorized by this Code to reduce any rate of
20 reimbursement for services or other payments in accordance with
21 Section 5-5e.

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