



Rep. Natalie A. Manley

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10000HB1333ham001

LRB100 03041 SMS 23974 a

1 AMENDMENT TO HOUSE BILL 1333

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 1333 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, 356z.17, ~~and~~ 356z.22, and 356z.25 of the  
16 Illinois Insurance Code. The program of health benefits must

1 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and  
2 370c.1 of the Illinois 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. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
10 99-480, eff. 9-9-15.)

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, 356z.15, ~~and~~ 356z.22, and 356z.25 of the Illinois  
23 Insurance Code. The coverage shall comply with Sections  
24 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance

1 Code. The requirement that health benefits be covered as  
2 provided in this Section is an exclusive power and function of  
3 the State and is a denial and limitation under Article VII,  
4 Section 6, subsection (h) of the Illinois Constitution. A home  
5 rule county to which this Section applies must comply with  
6 every provision of this 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. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
14 99-480, eff. 9-9-15.)

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, 356z.15, ~~and~~ 356z.22, and  
3 356z.25 of the Illinois Insurance Code. The coverage shall  
4 comply with Sections 155.22a, 355b, 356z.19, and 370c of the  
5 Illinois Insurance Code. The requirement that health benefits  
6 be covered as provided in this is an exclusive power and  
7 function of the State and is a denial and limitation under  
8 Article VII, Section 6, subsection (h) of the Illinois  
9 Constitution. A home rule municipality to which this Section  
10 applies must comply with 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. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
18 99-480, eff. 9-9-15.)

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, 356z.15, ~~and 356z.22,~~ and 356z.25 of the  
5 Illinois Insurance Code. Insurance policies shall comply with  
6 Section 356z.19 of the Illinois Insurance Code. The coverage  
7 shall comply with Sections 155.22a and 355b of the Illinois  
8 Insurance 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; 98-1091, eff. 1-1-15.)

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

19 (215 ILCS 5/356z.25 new)

20 Sec. 356z.25. Coverage for hearing instruments.

21 (a) As used in this Section:

22 "Hearing care professional" means a person who is a  
23 licensed audiologist or a licensed physician.

24 "Hearing instrument" means any wearable non-disposable

1 instrument or device designed to aid or compensate for impaired  
2 human hearing and any parts, attachments, or accessories for  
3 the instrument or device, including an ear mold but excluding  
4 batteries and cords.

5 "Related services" means those services necessary to  
6 assess, select, and adjust or fit the hearing instrument to  
7 ensure optimal performance, including, but not limited to:  
8 audiological exams, replacement ear molds, and repairs to the  
9 hearing instrument.

10 (b) An individual or group policy of accident and health  
11 insurance or managed care plan that is amended, delivered,  
12 issued, or renewed after the effective date of this amendatory  
13 Act of the 100th General Assembly must provide coverage for  
14 hearing instruments and related services for all individuals 63  
15 years of age and older when a hearing care professional  
16 prescribes a hearing instrument to augment communication.

17 (c) An insurer shall provide coverage, subject to all  
18 applicable co-payments, co-insurance, deductibles, and  
19 out-of-pocket limits for the cost of a hearing instrument for  
20 each ear, as needed, as well as related services, with a  
21 maximum for the hearing instrument and related services of no  
22 less than \$1,500 per hearing instrument every 24 months.

23 (d) An insurer shall not be required to pay a claim filed  
24 by its insured for the payment of the cost of a hearing  
25 instrument covered by this Section if less than 24 months prior  
26 to the date of the claim its insured filed a claim for payment

1 of the cost of the hearing instrument and the claim was paid by  
2 the insurer.

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

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

6 (Text of Section before amendment by P.A. 99-761)

7 Sec. 5-3. Insurance Code provisions.

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

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

24 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

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

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

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

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

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

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



1           (A) certification by an independent actuary of the  
2           adequacy of the reserves of the Health Maintenance  
3           Organization sought to be acquired;

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

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

15          (D) such other information as the Director shall  
16          require.

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

23          (e) In considering any management contract or service  
24          agreement subject to Section 141.1 of the Illinois Insurance  
25          Code, the Director (i) shall, in addition to the criteria  
26          specified in Section 141.2 of the Illinois Insurance Code, take

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

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

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

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

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

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

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

25 (g) Rulemaking authority to implement Public Act 95-1045,  
26 if any, is conditioned on the rules being adopted in accordance

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

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

9 (Text of Section after amendment by P.A. 99-761)

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, 356z.25, 364, 364.01, 367.2, 367.2-5, 367i, 368a,  
19 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403,  
20 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
21 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,  
22 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois  
23 Insurance Code.

24 (b) For purposes of the Illinois Insurance Code, except for  
25 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. 98-189, eff. 1-1-14; 98-1091, eff. 1-1-15;  
9 99-761, eff. 1-1-18.)

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

12 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

13 Sec. 4003. Illinois Insurance Code provisions. Limited  
14 health service organizations shall be subject to the provisions  
15 of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3,  
16 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6,  
17 154.7, 154.8, 155.04, 155.37, 355.2, 355.3, 355b, 356v,  
18 356z.10, 356z.21, 356z.22, 356z.25, 368a, 401, 401.1, 402, 403,  
19 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA,  
20 VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the  
21 Illinois Insurance Code. For purposes of the Illinois Insurance  
22 Code, except for Sections 444 and 444.1 and Articles XIII and  
23 XIII 1/2, limited health service organizations in the following  
24 categories are deemed to be domestic companies:

- 1 (1) a corporation under the laws of this State; or  
2 (2) a corporation organized under the laws of another  
3 state, 30% or ~~of~~ more of the enrollees of which are  
4 residents 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 (Source: P.A. 97-486, eff. 1-1-12; 97-592, 1-1-12; 97-805, eff.  
9 1-1-13; 97-813, eff. 7-13-12; 98-189, eff. 1-1-14; 98-1091,  
10 eff. 1-1-15; revised 10-5-16.)

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, 356z.25, 364.01, 367.2, 368a, 401,  
23 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
24 and (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; 98-1091, eff. 1-1-15.)

10 Section 45. The Illinois Public Aid Code is amended by  
11 changing Section 5-16.8 as follows:

12 (305 ILCS 5/5-16.8)

13 Sec. 5-16.8. Required health benefits. The medical  
14 assistance program shall (i) provide 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.5, 356u, 356w, 356x, ~~and~~ 356z.6, and  
18 356z.25 of the Illinois Insurance Code and (ii) be subject to  
19 the provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of  
20 the Illinois Insurance Code.

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

1 Section 5-5e.

2 To ensure full access to the benefits set forth in this  
3 Section, on and after January 1, 2016, the Department shall  
4 ensure that provider and hospital reimbursement for  
5 post-mastectomy care benefits required under this Section are  
6 no lower than the Medicare reimbursement rate.

7 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;  
8 99-642, eff. 7-28-16.)

9 Section 95. No acceleration or delay. Where this Act makes  
10 changes in a statute that is represented in this Act by text  
11 that is not yet or no longer in effect (for example, a Section  
12 represented by multiple versions), the use of that text does  
13 not accelerate or delay the taking effect of (i) the changes  
14 made by this Act or (ii) provisions derived from any other  
15 Public Act."