



Sen. Laura M. Murphy

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10000SB3063sam001

LRB100 20628 SMS 36980 a

1 AMENDMENT TO SENATE BILL 3063

2 AMENDMENT NO. _____. Amend Senate Bill 3063 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, 356z.22, ~~and~~ 356z.25, 356z.26, and
16 356z.29 of the Illinois Insurance Code. The program of health

1 benefits must comply with Sections 155.22a, 155.37, 355b,
2 356z.19, 370c, and 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
10 100-138, eff. 8-18-17; revised 10-3-17.)

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, 356z.22, ~~and~~ 356z.25, 356z.26, and 356z.29 of
23 the Illinois Insurance Code. The coverage shall comply with
24 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois

1 Insurance Code. The requirement that health benefits be covered
2 as provided in this Section is an exclusive power and function
3 of 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
14 100-138, eff. 8-18-17; revised 10-5-17.)

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, 356z.22, ~~and~~
3 356z.25, 356z.26, and 356z.29 of the Illinois Insurance Code.
4 The coverage shall comply with Sections 155.22a, 355b, 356z.19,
5 and 370c of the Illinois Insurance Code. The requirement that
6 health benefits be covered as provided in this is an exclusive
7 power and function of the State and is a denial and limitation
8 under 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. 99-480, eff. 9-9-15; 100-24, eff. 7-18-17;
18 100-138, eff. 8-18-17; revised 10-5-17.)

19 Section 20. The Illinois Insurance Code is amended by
20 adding Section 356z.29 as follows:

21 (215 ILCS 5/356z.29 new)

22 Sec. 356z.29. Cryopreservation for cancer patients.

23 (a) A group or individual policy of accident and health
24 insurance or managed care plan that is amended, delivered,

1 issued, or renewed on or after the effective date of this
2 amendatory Act of the 100th General Assembly shall provide
3 coverage for embryo, oocyte, and sperm cryopreservation
4 procedures, in accordance with guidelines established by the
5 American Society of Clinical Oncology, for an insured who has
6 been diagnosed with cancer but has not started cancer
7 treatment, including chemotherapy, biotherapy, or radiation
8 therapy treatment.

9 (b) The coverage required under this Section shall include
10 expenses for evaluations, laboratory assessments, medications,
11 treatments associated with the embryo, oocyte, and sperm
12 cryopreservation, and initial and annual storage of embryos,
13 oocytes, or sperm.

14 (c) If, at any time before or after the effective date of
15 this amendatory Act of the 100th General Assembly, the
16 Secretary of the United States Department of Health and Human
17 Services, or its successor agency, promulgates rules or
18 regulations to be published in the Federal Register, publishes
19 a comment in the Federal Register, or issues an opinion,
20 guidance, or other action that would require the State,
21 pursuant to any provision of the Patient Protection and
22 Affordable Care Act (Pub. L. 111-148), including, but not
23 limited to, 42 U.S.C. 18031(d)(3)(B) or any successor
24 provision, to defray the cost of coverage under this Section,
25 then this Section is inoperative with respect to all such
26 coverage other than that authorized under Section 1902 of the

1 Social Security Act, 42 U.S.C. 1396a, and the State shall not
2 assume any obligation for the cost of coverage under this
3 Section.

4 Section 25. The Health Maintenance Organization Act is
5 amended by changing Section 5-3 as follows:

6 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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, 356z.25, 356z.26, 356z.29, 364, 364.01, 367.2,
16 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401,
17 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
18 paragraph (c) of subsection (2) of Section 367, and Articles
19 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
20 the Illinois Insurance Code.

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

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

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

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

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

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

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

26 (3) the Director shall have the power to require the

1 following information:

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

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

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

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

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

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

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

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

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

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

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

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

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

26 (g) Rulemaking authority to implement Public Act 95-1045,

1 if 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. 99-761, eff. 1-1-18; 100-24, eff. 7-18-17;
7 100-138, eff. 8-18-17; revised 10-5-17.)

8 Section 30. The Illinois Public Aid Code is amended by
9 changing Section 5-16.8 as follows:

10 (305 ILCS 5/5-16.8)

11 Sec. 5-16.8. Required health benefits. The medical
12 assistance program shall (i) provide the post-mastectomy care
13 benefits required to be covered by a policy of accident and
14 health insurance under Section 356t and the coverage required
15 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26, and
16 356z.29 ~~and 356z.25~~ of the Illinois Insurance Code and (ii) be
17 subject to the provisions of Sections 356z.19, 364.01, 370c,
18 and 370c.1 of the Illinois Insurance Code.

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

24 To ensure full access to the benefits set forth in this

1 Section, on and after January 1, 2016, the Department shall
2 ensure that provider and hospital reimbursement for
3 post-mastectomy care benefits required under this Section are
4 no lower than the Medicare reimbursement rate.

5 (Source: P.A. 99-433, eff. 8-21-15; 99-480, eff. 9-9-15;
6 99-642, eff. 7-28-16; 100-138, eff. 8-18-17; revised
7 1-29-18.)".