96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB4042

Introduced 2/27/2009, by Rep. Rosemary Mulligan

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.15 new	
215 ILCS 125/5-3	from Ch. 111 1/2, par. 1411.2
215 ILCS 165/10	from Ch. 32, par. 604

Amends the Illinois Insurance Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act to require coverage for an operation to implant cochlear implants and post-treatment services for children identified within one year of birth as being deaf or hearing impaired.

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- 1 AN ACT concerning insurance.

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

- Section 5. The Illinois Insurance Code is amended by adding
 Section 356z.15 as follows:
- 6 (215 ILCS 5/356z.15 new)

Sec. 356z.15. Cochlear implants. A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed after the effective date of this amendatory Act of the 96th General Assembly must provide coverage for an operation to implant cochlear implants and post-treatment services for children identified within one year of birth as being deaf or hearing impaired.

Section 10. The Health Maintenance Organization Act is amended by changing Section 5-3 as follows:

16 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

17 (Text of Section before amendment by P.A. 95-958)

18 Sec. 5-3. Insurance Code provisions.

(a) Health Maintenance Organizations shall be subject to
the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,

154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x, 1 2 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.13 356z.11, 356z.14, 356z.15, 364.01, 367.2, 367.2-5, 3 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 4 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of 5 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII, 6 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois 7 8 Insurance Code.

9 (b) For purposes of the Illinois Insurance Code, except for 10 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health 11 Maintenance Organizations in the following categories are 12 deemed to be "domestic companies":

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

15 (2) a corporation organized under the laws of this16 State; or

17 (3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents 18 19 this State, except a corporation subject of to substantially the same requirements in its state of 20 organization as is a "domestic company" under Article VIII 21 22 1/2 of the Illinois Insurance Code.

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

(1) the Director shall give primary consideration to

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the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;

5 (2)(i) the criteria specified in subsection (1)(b) of 6 Section 131.8 of the Illinois Insurance Code shall not 7 apply and (ii) the Director, in making his determination 8 with respect to the merger, consolidation, or other 9 acquisition of control, need not take into account the 10 effect on competition of the merger, consolidation, or 11 other acquisition of control;

12 (3) the Director shall have the power to require the13 following information:

14 (A) certification by an independent actuary of the
15 adequacy of the reserves of the Health Maintenance
16 Organization sought to be acquired;

17 (B) pro forma financial statements reflecting the combined balance sheets of the acquiring company and 18 19 the Health Maintenance Organization sought to be 20 acquired as of the end of the preceding year and as of 21 a date 90 days prior to the acquisition, as well as pro 22 forma financial statements reflecting projected 23 combined operation for a period of 2 years;

(C) a pro forma business plan detailing an
 acquiring party's plans with respect to the operation
 of the Health Maintenance Organization sought to be

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acquired for a period of not less than 3 years; and

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

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

10 (e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance 11 12 Code, the Director (i) shall, in addition to the criteria 13 specified in Section 141.2 of the Illinois Insurance Code, take 14 into account the effect of the management contract or service 15 agreement on the continuation of benefits to enrollees and the 16 financial condition of the health maintenance organization to 17 be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on 18 19 competition.

(f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional premiums under the following terms and conditions: - 5 - LRB096 07642 RPM 17741 b

1 (i) the amount of, and other terms and conditions with 2 respect to, the refund or additional premium are set forth 3 in the group or enrollment unit contract agreed in advance 4 of the period for which a refund is to be paid or 5 additional premium is to be charged (which period shall not 6 be less than one year); and

7 (ii) the amount of the refund or additional premium shall exceed 20% 8 not of the Health Maintenance 9 Organization's profitable or unprofitable experience with 10 respect to the group or other enrollment unit for the 11 period (and, for purposes of a refund or additional 12 premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the 13 14 Health Maintenance Organization's administrative and 15 marketing expenses, but shall not include any refund to be 16 made or additional premium to be paid pursuant to this 17 subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable 18 19 or unprofitable experience may be calculated taking into 20 account the refund period and the immediately preceding 2 21 plan years.

The Health Maintenance Organization shall include a statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used

to calculate (1) the Health Maintenance Organization's profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or enrollment unit.

8 In no event shall the Illinois Health Maintenance 9 Organization Guaranty Association be liable to pay any 10 contractual obligation of an insolvent organization to pay any 11 refund authorized under this Section.

12 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06; 13 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff. 14 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised 15 12-15-08.)

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(Text of Section after amendment by P.A. 95-958)

17 Sec. 5-3. Insurance Code provisions.

18 (a) Health Maintenance Organizations shall be subject to the provisions of Sections 133, 134, 137, 140, 141.1, 141.2, 19 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 20 21 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x, 22 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13 356z.11, 356z.14, 356z.15, 364.01, 23 24 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, 25

1 paragraph (c) of subsection (2) of Section 367, and Articles 2 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of 3 the Illinois Insurance Code.

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

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

10 (2) a corporation organized under the laws of this 11 State; or

12 (3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents 13 14 this State, except a corporation subject of to 15 substantially the same requirements in its state of 16 organization as is a "domestic company" under Article VIII 17 1/2 of the Illinois Insurance Code.

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

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

(2)(i) the criteria specified in subsection (1)(b) of

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Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;

7 (3) the Director shall have the power to require the8 following information:

9 (A) certification by an independent actuary of the 10 adequacy of the reserves of the Health Maintenance 11 Organization sought to be acquired;

12 (B) pro forma financial statements reflecting the 13 combined balance sheets of the acquiring company and 14 the Health Maintenance Organization sought to be 15 acquired as of the end of the preceding year and as of 16 a date 90 days prior to the acquisition, as well as pro 17 forma financial statements reflecting projected combined operation for a period of 2 years; 18

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

(D) such other information as the Director shallrequire.

(d) The provisions of Article VIII 1/2 of the Illinois
Insurance Code and this Section 5-3 shall apply to the sale by

any health maintenance organization of greater than 10% of its enrollee population (including without limitation the health maintenance organization's right, title, and interest in and to its health care certificates).

5 (e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance 6 7 Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take 8 9 into account the effect of the management contract or service 10 agreement on the continuation of benefits to enrollees and the 11 financial condition of the health maintenance organization to 12 be managed or serviced, and (ii) need not take into account the 13 effect of the management contract or service agreement on 14 competition.

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

(i) the amount of, and other terms and conditions with
respect to, the refund or additional premium are set forth
in the group or enrollment unit contract agreed in advance
of the period for which a refund is to be paid or
additional premium is to be charged (which period shall not

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1 be less than one year); and

2 (ii) the amount of the refund or additional premium 20% 3 shall not exceed of the Health Maintenance Organization's profitable or unprofitable experience with 4 5 respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional 6 7 premium, the profitable or unprofitable experience shall 8 be calculated taking into account a pro rata share of the 9 Health Maintenance Organization's administrative and 10 marketing expenses, but shall not include any refund to be 11 made or additional premium to be paid pursuant to this 12 subsection (f)). The Health Maintenance Organization and 13 the group or enrollment unit may agree that the profitable 14 or unprofitable experience may be calculated taking into 15 account the refund period and the immediately preceding 2 16 plan years.

17 Health Maintenance Organization shall The include a statement in the evidence of coverage issued to each enrollee 18 describing the possibility of a refund or additional premium, 19 20 and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used 21 22 calculate (1) the Health Maintenance Organization's to 23 profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit 24 25 or (2) the Health Maintenance Organization's unprofitable 26 experience with respect to the group or enrollment unit and the 1 resulting additional premium to be paid by the group or 2 enrollment unit.

3 In no event shall the Illinois Health Maintenance 4 Organization Guaranty Association be liable to pay any 5 contractual obligation of an insolvent organization to pay any 6 refund authorized under this Section.

7 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06; 8 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff. 9 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005, 10 eff. 12-12-08; revised 12-15-08.)

Section 15. The Voluntary Health Services Plans Act is amended by changing Section 10 as follows:

13 (215 ILCS 165/10) (from Ch. 32, par. 604)

14 (Text of Section before amendment by P.A. 95-958)

15 Sec. 10. Application of Insurance Code provisions. Health 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, 140, 143, 143c, 18 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w, 19 20 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 21 356z.9, 356z.10, 356z.13 356z.11, 356z.14, 356z.15, 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, 22 23 and paragraphs (7) and (15) of Section 367 of the Illinois 24 Insurance Code.

(Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005,
 eff. 12-12-08; revised 12-15-08.)

5 (Text of Section after amendment by P.A. 95-958)

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

16 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07; 17 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff. 18 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, 19 eff. 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

Section 95. No acceleration or delay. Where this Act makes changes in a statute that is represented in this Act by text that is not yet or no longer in effect (for example, a Section represented by multiple versions), the use of that text does not accelerate or delay the taking effect of (i) the changes

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1 made by this Act or (ii) provisions derived from any other
2 Public Act.