97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

HB4506

Introduced 1/31/2012, by Rep. JoAnn D. Osmond

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11 55 ILCS 5/5-1069.3 65 ILCS 5/10-4-2.3 105 ILCS 5/10-22.3f 215 ILCS 5/356z.22 new 215 ILCS 125/5-3 215 ILCS 130/4003 215 ILCS 165/10

from Ch. 111 1/2, par. 1411.2 from Ch. 73, par. 1504-3 from Ch. 32, par. 604

Amends the State Employees Group Insurance Act of 1971, Counties Code, Illinois Municipal Code, School Code, Illinois Insurance Code, Health Maintenance Organization Act, Limited Health Service Organization Act, and Voluntary Health Services Plans Act. Provides that an individual or group policy of accident and health insurance or managed care plan that provides coverage for influenza vaccination shall provide coverage for all reasonable and customary expenses, including the cost of the vaccine and administration fee, incurred when influenza vaccine is administered outside of the physician's office in a school by a local health department, a local physician's office, or other person qualified to administer vaccinations.

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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 State Employees Group Insurance Act of 1971
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 policy of accident and health insurance under Section 356t of 10 the Illinois Insurance Code. The program of health benefits 11 shall provide the coverage required under Sections 356g, 12 356q.5, 356q.5-1, 356m, 356u, 356w, 356x, 356z.2, 356z.4, 13 14 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, and 356z.17 and 356z.19, and 356z.22 of the 15 16 Illinois Insurance Code. The program of health benefits must 17 comply with Sections 155.22a, and 155.37, and 356z.19 of the Illinois Insurance Code. 18

19 Rulemaking authority to implement Public Act 95-1045, if 20 any, is conditioned on the rules being adopted in accordance 21 with all provisions of the Illinois Administrative Procedure 22 Act and all rules and procedures of the Joint Committee on 23 Administrative Rules; any purported rule not so adopted, for HB4506 - 2 - LRB097 17804 RPM 63020 b

1 whatever reason, is unauthorized.

2 (Source: P.A. 96-139, eff. 1-1-10; 96-328, eff. 8-11-09;
3 96-639, eff. 1-1-10; 96-1000, eff. 7-2-10; 97-282, eff. 8-9-11;
4 97-343, eff. 1-1-12; revised 10-14-11.)

5 Section 10. The Counties Code is amended by changing
6 Section 5-1069.3 as follows:

7 (55 ILCS 5/5-1069.3)

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

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. 96-139, eff. 1-1-10; 96-328, eff. 8-11-09; 8 96-1000, eff. 7-2-10; 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 9 revised 10-14-11.)

Section 15. The Illinois Municipal Code is amended by changing Section 10-4-2.3 as follows:

12 (65 ILCS 5/10-4-2.3)

13 Sec. 10-4-2.3. Required health benefits. Ιf а 14 municipality, including a home rule municipality, is а 15 self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage 16 17 for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t 18 and the coverage required under Sections 356q, 19 356q.5, 20 356q.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10, 21 356z.11, 356z.12, 356z.13, 356z.14, and 356z.15, and 356z.22 of the Illinois Insurance Code. The coverage shall comply with 22 23 Sections Section 155.22a and 356z.19 of the Illinois Insurance 24 Code. The requirement that health benefits be covered as

1 provided in this is an exclusive power and function of the 2 State and is a denial and limitation under Article VII, Section 3 6, subsection (h) of the Illinois Constitution. A home rule 4 municipality to which this Section applies must comply with 5 every provision of this Section.

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. 96-139, eff. 1-1-10; 96-328, eff. 8-11-09; 13 96-1000, eff. 7-2-10; 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 14 revised 10-14-11.)

Section 20. The School Code is amended by changing Section 16 10-22.3f as follows:

17 (105 ILCS 5/10-22.3f)

18 Sec. 10-22.3f. Required health benefits. Insurance 19 protection and benefits for employees shall provide the 20 post-mastectomy care benefits required to be covered by a 21 policy of accident and health insurance under Section 356t and 22 the coverage required under Sections 356g, 356g.5, 356g.5-1, 23 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 24 356z.13, 356z.14, and 356z.15, and 356z.22 of the Illinois

Insurance Code. Insurance policies shall comply with Section
 356z.19 of the Illinois Insurance Code. The coverage shall
 comply with Section 155.22a of the Illinois Insurance Code.

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

10 (Source: P.A. 96-139, eff. 1-1-10; 96-328, eff. 8-11-09; 11 96-1000, eff. 7-2-10; 97-282, eff. 8-9-11; 97-343, eff. 1-1-12; 12 revised 9-28-11.)

Section 25. The Illinois Insurance Code is amended by adding Section 356z.22 as follows:

15 (215 ILCS 5/356z.22 new)

16	Sec. 356z.22. School vaccinations. A group or individual
17	policy of accident and health insurance or managed care plan
18	amended, delivered, issued, or renewed after the effective date
19	of this amendatory Act of the 97th General Assembly that
20	provides coverage for influenza vaccination shall provide
21	coverage for all reasonable and customary expenses, including
22	the cost of the vaccine and administration fee, incurred when
23	influenza vaccine is administered outside of the physician's
24	office in a school by a local health department, a local

1 physician's office, or other person qualified to administer 2 vaccinations.

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 Sec. 5-3. Insurance Code provisions.

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

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

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

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

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

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

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

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

24 (3) the Director shall have the power to require the25 following information:

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(A) certification by an independent actuary of the

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adequacy of the reserves of the Health Maintenance Organization sought to be acquired;

(B) pro forma financial statements reflecting the 3 combined balance sheets of the acquiring company and 4 5 the Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of 6 7 a date 90 days prior to the acquisition, as well as pro 8 forma financial statements reflecting projected 9 combined operation for a period of 2 years;

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

14 (D) such other information as the Director shall15 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).

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

6 (f) Except for small employer groups as defined in the 7 Small Employer Rating, Renewability and Portability Health 8 Insurance Act and except for medicare supplement policies as 9 defined in Section 363 of the Illinois Insurance Code, a Health 10 Maintenance Organization may by contract agree with a group or 11 other enrollment unit to effect refunds or charge additional 12 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 be less than one year); and

(ii) the amount of the refund or additional premium 19 of 20 20% shall not exceed the Health Maintenance 21 Organization's profitable or unprofitable experience with 22 respect to the group or other enrollment unit for the 23 period (and, for purposes of a refund or additional 24 premium, the profitable or unprofitable experience shall 25 be calculated taking into account a pro rata share of the 26 Health Maintenance Organization's administrative and 1 marketing expenses, but shall not include any refund to be 2 made or additional premium to be paid pursuant to this 3 subsection (f)). The Health Maintenance Organization and 4 the group or enrollment unit may agree that the profitable 5 or unprofitable experience may be calculated taking into 6 account the refund period and the immediately preceding 2 7 plan years.

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

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

(g) Rulemaking authority to implement Public Act 95-1045,
if any, is conditioned on the rules being adopted in accordance
with all provisions of the Illinois Administrative Procedure

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Act and all rules and procedures of the Joint Committee on
 Administrative Rules; any purported rule not so adopted, for
 whatever reason, is unauthorized.

4 (Source: P.A. 96-328, eff. 8-11-09; 96-639, eff. 1-1-10;
5 96-833, eff. 6-1-10; 96-1000, eff. 7-2-10; 97-282, eff. 8-9-11;
6 97-343, eff. 1-1-12; 97-437, eff. 8-18-11; 97-486, eff. 1-1-12;
7 97-592, eff. 1-1-12; revised 10-13-11.)

8 Section 35. The Limited Health Service Organization Act is 9 amended by changing Section 4003 as follows:

10 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

11 Sec. 4003. Illinois Insurance Code provisions. Limited 12 health service organizations shall be subject to the provisions of Sections 133, 134, 136, 137, 139, 140, 141.1, 141.2, 141.3, 13 14 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 15 154.7, 154.8, 155.04, 155.37, 355.2, 356v, 356z.10, 356z.21 356z.19, 356z.22, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 16 409, 412, 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 17 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance 18 Code. For purposes of the Illinois Insurance Code, except for 19 20 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited 21 health service organizations in the following categories are 22 deemed to be domestic companies:

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

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state, 30% of more of the enrollees of which are residents 1 2 this State, except a corporation subject of to 3 substantially the same requirements in its state of organization as is a domestic company under Article VIII 4 5 1/2 of the Illinois Insurance Code. (Source: P.A. 97-486, eff. 1-1-12; 97-592, 1-1-12; revised 6 7 10 - 13 - 11.)

8 Section 40. The Voluntary Health Services Plans Act is 9 amended by changing Section 10 as follows:

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

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

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

4 (Source: P.A. 96-328, eff. 8-11-09; 96-833, eff. 6-1-10;
5 96-1000, eff. 7-2-10; 97-282, eff. 8-9-11; 97-343, eff. 1-1-12;

6 97-486, eff. 1-1-12; 97-592, eff. 1-1-12; revised 10-13-11.)