97TH GENERAL ASSEMBLY

State of Illinois

2011 and 2012

SB2885

Introduced 2/1/2012, by Sen. Kwame Raoul

SYNOPSIS AS INTRODUCED:

215 ILCS 5/44.1 new 805 ILCS 310/22 805 ILCS 310/30 new

from Ch. 32, par. 326

Amends the Illinois Insurance Code. Sets forth provisions concerning health care cooperatives. Provides that in addition to all other provisions of the Article concerning domestic mutual companies, a company seeking to organize as a health care cooperative shall meet certain requirements. Sets forth provisions concerning the naming of and applications for entities seeking to organize as health care cooperatives. Amends the Co-operative Act. Exempts domestic mutual insurance companies licensed as health care cooperatives by the Director of Insurance from the prohibition against using the term "Co-operative" as part of a corporate or other business name or title without complying with the provisions of the Co-operative Act. Sets forth provisions concerning health benefit purchasing cooperatives. Provides that the purpose of a health benefit purchasing cooperative is to provide health care benefits for certain eligible individuals under a single group health care policy or plan through a contract between the health benefit purchasing cooperative and an insurer authorized to do health insurance business in the State. Sets forth provisions concerning the design, the articles, the membership basis and capital stock, the membership criteria, the health care benefits, and the annual progress report of health benefit purchasing cooperatives. Effective immediately.

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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 Illinois Insurance Code is amended by adding
Section 44.1 as follows:

6 (215 ILCS 5/44.1 new) 7 Sec. 44.1. Health care cooperatives. (a) In addition to all other provisions of this Article not 8 9 in conflict with this Section, a company seeking to organize under this Article as a health care cooperative shall meet all 10 of the following requirements: 11 (1) The company shall comply with all provisions 12 applicable to domestic mutual insurance companies under 13 14 this Code. (2) The articles of incorporation of the company shall 15 16 demonstrate that the company is to be organized as a 17 nonprofit member corporation and that the governance of the company shall be subject to a majority vote of all members. 18 (3) The activities of the company shall be limited to 19 the issuance of health care plans in the individual and 20 21 small group markets. 22 (4) Either the articles of incorporation or the bylaws of the company shall incorporate ethics and conflict of 23

1	interest standards and the governance requirements set
2	forth in Section 1322(c)(3)(C) of the federal Patient
3	Protection and Affordable Care Act.
4	(5) The company or a related entity or any predecessor
5	of either shall not have been a health insurance issuer on
6	July 16, 2009.
7	(6) The company shall not be sponsored by a State or
8	local government, any political subdivision thereof, or
9	any instrumentality of such government or political
10	subdivision.
11	(7) Excess surplus shall be used to lower premiums, to
12	improve benefits, or for other programs intended to improve
13	the quality of health care delivered to its members.
14	(8) No representative of a federal, State, or local
15	government, or any political instrumentality thereof, and
16	no representative of a company described in paragraph (5)
17	of subsection (a) of this Section may serve on the board of
18	directors of the company.
19	(b) Notwithstanding Section 37 of this Article, the
20	corporate name of any organization seeking to organize under
21	this Article as a health care cooperative need not contain the
22	word "Mutual" but shall contain the phrase "Health Care
23	Cooperative". The corporate name shall not be the same as, or
24	deceptively similar to, the name of any domestic organization
25	or of any foreign or alien organization authorized to transact
26	business in this State.

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1 <u>(c) A company seeking to be organized as a health care</u> 2 <u>cooperative shall submit an application to the Director</u> 3 <u>according to procedures and meeting such requirements as the</u> 4 <u>Director shall adopt by rule. No company shall transact any</u> 5 <u>business of insurance until it has received a certificate of</u> 6 authority as set forth in Section 51 of this Article.

Section 10. The Co-operative Act is amended by changing
Section 22 and by adding Section 30 as follows:

9 (805 ILCS 310/22) (from Ch. 32, par. 326)

10 Sec. 22. No corporation or association hereafter organized 11 or doing business for profit in this State shall be entitled to use the term "Co-operative" as a part of its corporate or other 12 13 business name or title unless it has complied with the 14 provisions of this Act, except (1) a corporation organized 15 under the Business Corporation Act of 1983 for the purpose of 16 ownership or administration of residential property on a 17 cooperative basis, or (2) a cooperative corporation organized 18 under the General Not For Profit Corporation Act of 1986 or its 19 predecessor or successor statutes, or (3) a domestic mutual 20 insurance company licensed as a health care cooperative by the 21 Director of Insurance under Article III of the Illinois Insurance Code. Any corporation or association violating the 22 23 provision of this Section may be enjoined from doing business 24 under such name at the instance of any shareholder of any

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1	association or corporation organized under this Act.
2	(Source: P.A. 95-368, eff. 8-23-07.)
3	(805 ILCS 310/30 new)
4	Sec. 30. Health benefit purchasing cooperative.
5	(a) Notwithstanding any other provisions of this Act,
6	health benefit purchasing cooperatives may be organized under
7	this Section by one or more persons.
8	(b) The purpose of a health benefit purchasing cooperative
9	is to provide health care benefits for the individuals
10	specified in subsection (h) of this Section, under a single
11	group health care policy or plan through a contract between the
12	health benefit purchasing cooperative and an insurer
13	authorized to do health insurance business in this State.
14	(c) A health benefit purchasing cooperative shall be
15	designed so that all of the following are accomplished:
16	(1) The members become better informed about health
17	care trends and cost increases.
18	(2) All members receive their health care benefits
19	under the group health care policy or plan negotiated under
20	subsection (h) of this Section.
21	(3) The members are actively engaged in designing
22	health care benefit options that are offered by the insurer
23	and that meet the needs of their community.
24	(4) The health insurance risk of all of the members is
25	pooled.

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1	(5) The members actively participate in health
2	improvement decisions for their community.
3	(d) The articles of a health benefit purchasing cooperative
4	shall set forth the name and address of at least one
5	incorporator who will act as the temporary board.
6	(e) Each health benefit purchasing cooperative shall be
7	organized on a membership basis with no capital stock.
8	(f) Any person that does business in, is located in, has a
9	principal office in, or resides in the geographic area in which
10	a health benefit purchasing cooperative is organized, that
11	meets the membership criteria established by the health benefit
12	purchasing cooperative in its bylaws, and that pays the
13	membership fee may be a member of the health benefit purchasing
14	cooperative.
15	(q) Each health benefit purchasing cooperative shall file
16	its membership criteria, as well as any amendments to the
17	criteria, with the Director.
18	(h) The health care benefits offered by a health benefit
19	purchasing cooperative shall be negotiated between the health
20	benefit purchasing cooperative and the insurer. Eligible
21	members include:
22	(1) An individual who is a member, officer, or eligible
23	employee of a member of the health benefit purchasing
24	cooperative.
25	(2) A self-employed individual who is a member of the
26	health benefit purchasing cooperative.

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1	(3) A dependent of an individual under items (1) and
2	(2) of this subsection (h) who receives coverage.
3	(i) Each health benefit purchasing cooperative shall
4	submit to the Director annually, no later than September 30, a
5	report on the progress of the health benefit purchasing
6	arrangement described in this Section.
7	(j) As used in this Section, "Director" means the Director
8	of Insurance.
9	Section 99. Effective date. This Act takes effect upon

10 becoming law.