

1 AN ACT concerning business.

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

4 Section 1. Short title. This Act may be cited as the
5 Complex Rehabilitation Technology Act.

6 Section 5. Definitions. As used in this Act:

7 "Complex manual wheelchair" means a manually driven
8 complex wheelchair that accommodates rehabilitative
9 accessories and features.

10 "Complex power wheelchair" means a power-driven wheelchair
11 that is classified as any of the following: (i) a Group 2 power
12 wheelchair with power options; (ii) a Group 3 power
13 wheelchair; (iii) a Group 4 power wheelchair; or (iv) a Group 5
14 power wheelchair.

15 "Complex rehabilitation technology" means an item that is
16 (i) individually configured for an individual to meet specific
17 and unique medical, physical, and functional needs and
18 capacities for basic activities of daily living and
19 instrumental activities of daily living and (ii) identified as
20 medically necessary. "Complex rehabilitation technology"
21 includes a complex wheelchair.

22 "Complex wheelchair" means a complex manual wheelchair or
23 a complex power wheelchair.

1 "Documentation" means any manual, diagram, reporting
2 output, service code description, schematic diagram, security
3 codes, passwords, or other guidance or information used in
4 effecting the services of diagnosis, maintenance, or repair of
5 a complex wheelchair.

6 "Embedded software" means any programmable instructions
7 provided on firmware delivered with an electronic component of
8 equipment, or with a part for that equipment, for purposes of
9 equipment operation, including all relevant patches and fixes
10 made by the manufacturer of the equipment or part for these
11 purposes.

12 "Firmware" means a software program or set of instructions
13 programmed on equipment, or on a part for that equipment, to
14 allow the equipment or part to communicate within itself or
15 with other computer hardware.

16 "Original equipment manufacturer" means a business engaged
17 in the business of selling, leasing, or otherwise supplying
18 new complex wheelchairs manufactured by, or on behalf of,
19 itself, to any individual or business.

20 "Qualified complex rehabilitation technology
21 professional" means an individual who is certified as an
22 assistive technology professional (ATP) by the Rehabilitation
23 Engineering and Assistive Technology Society of North America
24 (RESNA).

25 "Trade secret" has the meaning given to that term in
26 subsection (d) of Section 2 of the Illinois Trade Secrets Act.

1 Section 10. Requirements for suppliers of complex
2 wheelchairs. A person who sells or offers for sale complex
3 rehabilitation technology in this State shall:

4 (1) be accredited by a recognized accrediting
5 organization as a supplier of complex rehabilitation
6 technology;

7 (2) employ at least one employee to whom the person
8 furnishes an IRS W-2 form and who is a qualified complex
9 rehabilitation technology professional, in order to
10 analyze the needs and capacities of the complex needs of
11 consumers in consultation with qualified health care
12 professionals, participate in the selection of an
13 appropriate complex rehabilitation technology for those
14 needs and capacities of the complex needs consumer, and
15 provide training in the proper use of the complex
16 rehabilitation technology;

17 (3) require a qualified complex rehabilitation
18 technology professional to be physically present for the
19 evaluation and determination of appropriate complex
20 rehabilitation technology for a complex needs consumer;

21 (4) be capable of providing service and repair by
22 trained technicians for all complex rehabilitation
23 technology it sells; and

24 (5) provide written information at the time of
25 delivery of the complex wheelchair to the complex needs

1 consumer stating how the complex needs consumer may
2 receive service and repair for the complex rehabilitation
3 technology.

4 Section 15. Repair services. A supplier of complex
5 wheelchairs shall offer service and repairs to the consumer of
6 the complex wheelchair for the useful life expectancy of the
7 complex wheelchair, unless:

8 (1) the consumer has moved outside of the original
9 supplier's service area;

10 (2) the damage that requires repair is the result of
11 consumer abuse or misuse of the equipment that restricts
12 coverage by the client's health plan, and the client
13 refuses to pay for the repairs; or

14 (3) the consumer or the consumer's representative
15 poses a potential threat to the health and safety of the
16 supplier or is otherwise abusive.

17 Section 20. Limitations.

18 (a) An original equipment manufacturer may redact
19 documentation to remove trade secrets from the documentation
20 before providing access to the documentation if the usability
21 of the redacted documentation for the purpose of providing
22 services is not diminished. An original equipment manufacturer
23 may withhold information regarding a component of, design of,
24 functionality of, or process of developing a part, embedded

1 software, firmware, or a tool if the information is a trade
2 secret and the usability of the part, embedded software,
3 firmware, or tool for the purpose of providing services is not
4 diminished.

5 (b) Nothing in this Act shall require an original
6 equipment manufacturer to make a part available if the part is
7 no longer available to the original equipment manufacturer.

8 Section 25. Enforcement by Attorney General. A violation
9 of any of the provisions of this Act is an unlawful practice
10 under the Consumer Fraud and Deceptive Business Practices Act.
11 All remedies, penalties, and authority granted to the Attorney
12 General by that Act shall be available to him or her for the
13 enforcement of this Act.

14 Section 30. Applicability. This Act applies with respect
15 to complex wheelchairs sold or in use on or after the effective
16 date of this Act.

17 Section 900. The State Employees Group Insurance Act of
18 1971 is amended by changing Section 6.11 as follows:

19 (5 ILCS 375/6.11)

20 Sec. 6.11. Required health benefits; Illinois Insurance
21 Code requirements. The program of health benefits shall
22 provide the post-mastectomy care benefits required to be

1 covered by a policy of accident and health insurance under
2 Section 356t of the Illinois Insurance Code. The program of
3 health benefits shall provide the coverage required under
4 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,
5 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
6 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
7 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
8 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
9 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
10 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~
11 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, 356z.77, and 356z.80
12 of the Illinois Insurance Code. The program of health benefits
13 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
14 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance
15 Code. The program of health benefits shall provide the
16 coverage required under Section 356m of the Illinois Insurance
17 Code and, for the employees of the State Employee Group
18 Insurance Program only, the coverage as also provided in
19 Section 6.11B of this Act. The Department of Insurance shall
20 enforce the requirements of this Section with respect to
21 Sections 370c and 370c.1 of the Illinois Insurance Code; all
22 other requirements of this Section shall be enforced by the
23 Department of Central Management Services.

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

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

4 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
6 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
7 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
8 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
9 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
10 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
11 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
12 8-11-23; 103-605, eff. 7-1-24; 103-718, eff. 7-19-24; 103-751,
13 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;
14 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.
15 1-1-25; revised 11-26-24.)

16 Section 905. The Counties Code is amended by changing
17 Section 5-1069.3 as follows:

18 (55 ILCS 5/5-1069.3)

19 Sec. 5-1069.3. Required health benefits. If a county,
20 including a home rule county, is a self-insurer for purposes
21 of providing health insurance coverage for its employees, the
22 coverage shall include coverage for the post-mastectomy care
23 benefits required to be covered by a policy of accident and
24 health insurance under Section 356t and the coverage required

1 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u,
2 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,
3 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
4 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36,
5 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
6 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61,
7 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71,
8 356z.74, 356z.77, and 356z.80 of the Illinois Insurance Code.

9 The coverage shall comply with Sections 155.22a, 355b,
10 356z.19, and 370c of the Illinois Insurance Code. The
11 Department of Insurance shall enforce the requirements of this
12 Section. The requirement that health benefits be covered as
13 provided in this Section is an exclusive power and function of
14 the State and is a denial and limitation under Article VII,
15 Section 6, subsection (h) of the Illinois Constitution. A home
16 rule county to which this Section applies must comply with
17 every provision of this Section.

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
26 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,

1 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
2 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
3 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
4 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
5 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
6 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
7 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;
8 revised 11-26-24.)

9 Section 910. The Illinois Municipal Code is amended by
10 changing Section 10-4-2.3 as follows:

11 (65 ILCS 5/10-4-2.3)

12 Sec. 10-4-2.3. Required health benefits. If a
13 municipality, including a home rule municipality, is a
14 self-insurer for purposes of providing health insurance
15 coverage for its employees, the coverage shall include
16 coverage for the post-mastectomy care benefits required to be
17 covered by a policy of accident and health insurance under
18 Section 356t and the coverage required under Sections 356g,
19 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x,
20 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
21 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
22 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
23 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
24 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,

1 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, 356z.77,
2 and 356z.80 of the Illinois Insurance Code. The coverage shall
3 comply with Sections 155.22a, 355b, 356z.19, and 370c of the
4 Illinois Insurance Code. The Department of Insurance shall
5 enforce the requirements of this Section. 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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
18 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
19 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
20 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
21 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
22 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
23 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
24 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
25 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
26 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;

1 revised 11-26-24.)

2 Section 915. The School Code is amended by changing
3 Section 10-22.3f as follows:

4 (105 ILCS 5/10-22.3f)

5 Sec. 10-22.3f. Required health benefits. Insurance
6 protection and benefits for employees shall provide the
7 post-mastectomy care benefits required to be covered by a
8 policy of accident and health insurance under Section 356t and
9 the coverage required under Sections 356g, 356g.5, 356g.5-1,
10 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,
11 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,
12 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
13 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
14 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,
15 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~
16 356z.71, 356z.74, 356z.77, and 356z.80 of the Illinois
17 Insurance Code. Insurance policies shall comply with Section
18 356z.19 of the Illinois Insurance Code. The coverage shall
19 comply with Sections 155.22a, 355b, and 370c of the Illinois
20 Insurance Code. The Department of Insurance shall enforce the
21 requirements of this Section.

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

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

4 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
6 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
7 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
8 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
9 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
10 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
11 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-718, eff.
12 7-19-24; 103-751, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918,
13 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

14 Section 920. The Illinois Insurance Code is amended by
15 adding Section 356z.80 as follows:

16 (215 ILCS 5/356z.80 new)

17 Sec. 356z.80. Coverage for complex wheelchair service and
18 repair.

19 (a) As used in this Section:

20 "Complex rehabilitation technology" means a medically
21 necessary complex wheelchair and associated accessories that
22 is individually configured for an individual to meet specific
23 and unique medical, physical, and functional needs and
24 capacities for basic activities of daily living and

1 instrumental activities of daily living.

2 "Complex wheelchair" has the meaning given in the Complex
3 Rehabilitation Technology Act.

4 "Qualified complex rehabilitation technology supplier"
5 means a person who meets the requirements of Section 10 of the
6 Complex Rehabilitation Technology Act.

7 "Repair" means the repair or replacement of a deficient,
8 broken, or otherwise malfunctioning part, component, hardware,
9 or software, when the deficient, broken, or otherwise
10 malfunctioning state of such part, component, hardware, or
11 software results in the incapacity of or otherwise diminished
12 capacity for use of a complex rehabilitation technology.

13 (b) A group or individual policy of accident and health
14 insurance or a managed care plan that is amended, delivered,
15 issued, or renewed on or after January 1, 2027 and that
16 provides coverage for complex rehabilitation technology shall
17 not require prior authorization, medical documentation, or
18 proof of continued need to complete medically necessary
19 repairs for consumer-owned complex rehabilitation technology
20 unless:

21 (1) the repairs are covered under a manufacturer's
22 warranty;

23 (2) the cumulative cost of the repairs exceeds 75% of
24 the cost to replace the complex rehabilitation technology;
25 or

26 (3) the complex rehabilitation technology in need of

1 repair is subject to replacement because the age of the
2 complex rehabilitation technology exceeds or is within one
3 year of the expiration of the 5-year reasonable useful
4 life of the complex rehabilitation technology.

5 (c) Notwithstanding subsection (b), a Medicaid managed
6 care plan amended, delivered, issued, or renewed on or after
7 January 1, 2027 and that provides coverage for complex
8 rehabilitation technology shall not require prior
9 authorization, medical documentation, or proof of continued
10 need to complete medically necessary repairs for
11 consumer-owned complex rehabilitation technology under the
12 total value of \$1,500. Acceptance or denial of repairs of
13 \$1,500 or more must be made within 7 days of request of
14 preauthorization.

15 Documentation of any repairs completed for consumer-owned
16 complex rehabilitation technology shall be maintained by the
17 qualified complex rehabilitation technology supplier
18 conducting the repairs and must be made available to the
19 insurer upon request.

20 (d) A group or individual policy of accident and health
21 insurance or a managed care plan that is amended, delivered,
22 issued, or renewed on or after January 1, 2027 and that
23 provides coverage for a complex rehabilitation technology
24 shall provide coverage for rented complex rehabilitation
25 technology during the time the primary complex rehabilitation
26 technology is under repair consistent with the provisions for

1 consumer-owned complex rehabilitation technology in subsection
2 (b).

3 (e) If, after a post-service review for medical necessity,
4 an insurer finds that any repair of an item not covered at
5 initial issue of the complex wheelchair was not medically
6 necessary, the insurer and owner shall be held harmless for
7 the cost of the repair and the qualified complex
8 rehabilitation technology supplier that conducted the repair
9 shall be liable for the cost of repair.

10 Section 925. The Health Maintenance Organization Act is
11 amended by changing Section 5-3 as follows:

12 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

13 (Text of Section before amendment by P.A. 103-808)

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to
16 the provisions of Sections 133, 134, 136, 137, 139, 140,
17 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
18 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
19 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,
20 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,
21 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
23 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,
24 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,

1 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,
2 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,
3 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,
4 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,
5 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,
6 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,
7 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
8 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
9 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
10 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
11 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
12 Illinois Insurance Code.

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

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

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

21 (3) a corporation organized under the laws of another
22 state, 30% or more of the enrollees of which are residents
23 of this State, except a corporation subject to
24 substantially the same requirements in its state of
25 organization as is a "domestic company" under Article VIII
26 1/2 of the Illinois Insurance Code.

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

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

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

16 (3) the Director shall have the power to require the
17 following information:

18 (A) certification by an independent actuary of the
19 adequacy of the reserves of the Health Maintenance
20 Organization sought to be acquired;

21 (B) pro forma financial statements reflecting the
22 combined balance sheets of the acquiring company and
23 the Health Maintenance Organization sought to be
24 acquired as of the end of the preceding year and as of
25 a date 90 days prior to the acquisition, as well as pro
26 forma financial statements reflecting projected

1 combined operation for a period of 2 years;

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

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

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

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

24 (f) Except for small employer groups as defined in the
25 Small Employer Rating, Renewability and Portability Health
26 Insurance Act and except for medicare supplement policies as

1 defined in Section 363 of the Illinois Insurance Code, a
2 Health Maintenance Organization may by contract agree with a
3 group or other enrollment unit to effect refunds or charge
4 additional premiums under the following terms and conditions:

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

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

26 The Health Maintenance Organization shall include a

1 statement in the evidence of coverage issued to each enrollee
2 describing the possibility of a refund or additional premium,
3 and upon request of any group or enrollment unit, provide to
4 the group or enrollment unit a description of the method used
5 to calculate (1) the Health Maintenance Organization's
6 profitable experience with respect to the group or enrollment
7 unit and the resulting refund to the group or enrollment unit
8 or (2) the Health Maintenance Organization's unprofitable
9 experience with respect to the group or enrollment unit and
10 the resulting additional premium to be paid by the group or
11 enrollment unit.

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

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

22 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
23 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
24 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
25 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
26 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.

1 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
2 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
3 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
4 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
5 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
6 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
7 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
8 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
9 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.
10 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

11 (Text of Section after amendment by P.A. 103-808)

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to
14 the provisions of Sections 133, 134, 136, 137, 139, 140,
15 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
16 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
17 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,
18 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
19 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
20 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
21 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
22 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
23 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
24 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
25 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,

1 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
2 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
3 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
4 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,
5 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,
6 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)
7 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,
8 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
9 Illinois Insurance Code.

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

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

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

18 (3) a corporation organized under the laws of another
19 state, 30% or more of the enrollees of which are residents
20 of this State, except a corporation subject to
21 substantially the same requirements in its state of
22 organization as is a "domestic company" under Article VIII
23 1/2 of the Illinois Insurance Code.

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

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

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

13 (3) the Director shall have the power to require the
14 following information:

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

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

25 (C) a pro forma business plan detailing an
26 acquiring party's plans with respect to the operation

1 of the Health Maintenance Organization sought to be
2 acquired for a period of not less than 3 years; and

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

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

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

21 (f) Except for small employer groups as defined in the
22 Small Employer Rating, Renewability and Portability Health
23 Insurance Act and except for medicare supplement policies as
24 defined in Section 363 of the Illinois Insurance Code, a
25 Health Maintenance Organization may by contract agree with a
26 group or other enrollment unit to effect refunds or charge

1 additional premiums under the following terms and conditions:

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

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

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

1 the group or enrollment unit a description of the method used
2 to calculate (1) the Health Maintenance Organization's
3 profitable experience with respect to the group or enrollment
4 unit and the resulting refund to the group or enrollment unit
5 or (2) the Health Maintenance Organization's unprofitable
6 experience with respect to the group or enrollment unit and
7 the resulting additional premium to be paid by the group or
8 enrollment unit.

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

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

19 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
20 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
21 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
22 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
23 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
24 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
25 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
26 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.

1 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
2 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
3 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
4 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
5 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
6 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
7 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
8 11-26-24.)

9 Section 930. The Limited Health Service Organization Act
10 is amended by changing Section 4003 as follows:

11 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

12 Sec. 4003. Illinois Insurance Code provisions. Limited
13 health service organizations shall be subject to the
14 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
15 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,
16 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,
17 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,
18 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
19 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
20 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
21 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1,
22 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
23 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
24 XXVI of the Illinois Insurance Code. Nothing in this Section

1 shall require a limited health care plan to cover any service
2 that is not a limited health service. For purposes of the
3 Illinois Insurance Code, except for Sections 444 and 444.1 and
4 Articles XIII and XIII 1/2, limited health service
5 organizations in the following categories are deemed to be
6 domestic companies:

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

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

14 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
15 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
16 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
17 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
18 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
19 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
20 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;
21 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.
22 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,
23 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

24 Section 935. The Voluntary Health Services Plans Act is
25 amended by changing Section 10 as follows:

1 (215 ILCS 165/10) (from Ch. 32, par. 604)

2 Sec. 10. Application of Insurance Code provisions. Health
3 services plan corporations and all persons interested therein
4 or dealing therewith shall be subject to the provisions of
5 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
6 143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,
7 355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,
8 356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,
9 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
10 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
11 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
12 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,
13 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,
14 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,
15 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,
16 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
17 and paragraphs (7) and (15) of Section 367 of the Illinois
18 Insurance Code.

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
24 whatever reason, is unauthorized.

25 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;

1 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
2 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
3 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
4 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
5 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
6 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
7 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.
8 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
9 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;
10 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.
11 1-1-25; revised 11-26-24.)

12 Section 940. The Illinois Public Aid Code is amended by
13 changing Section 5-16.8 as follows:

14 (305 ILCS 5/5-16.8)

15 Sec. 5-16.8. Required health benefits. The medical
16 assistance program shall (i) provide the post-mastectomy care
17 benefits required to be covered by a policy of accident and
18 health insurance under Section 356t and the coverage required
19 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
20 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
21 356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61, 356z.64,
22 ~~and~~ 356z.67, ~~and~~ 356z.71, 356z.75, and 356z.80 of the Illinois
23 Insurance Code, (ii) be subject to the provisions of Sections
24 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the

1 Illinois Insurance Code, and (iii) be subject to the
2 provisions of subsection (d-5) of Section 10 of the Network
3 Adequacy and Transparency Act.

4 The Department, by rule, shall adopt a model similar to
5 the requirements of Section 356z.39 of the Illinois Insurance
6 Code.

7 On and after July 1, 2012, the Department shall reduce any
8 rate of reimbursement for services or other payments or alter
9 any methodologies authorized by this Code to reduce any rate
10 of reimbursement for services or other payments in accordance
11 with Section 5-5e.

12 To ensure full access to the benefits set forth in this
13 Section, on and after January 1, 2016, the Department shall
14 ensure that provider and hospital reimbursement for
15 post-mastectomy care benefits required under this Section are
16 no lower than the Medicare reimbursement rate.

17 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
18 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
19 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
20 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
21 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
22 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,
23 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;
24 revised 11-26-24.)

25 Section 945. The Consumer Fraud and Deceptive Business

1 Practices Act is amended by adding Section 2HHHH as follows:

2 (815 ILCS 505/2HHHH new)

3 Sec. 2HHHH. Violations of the Complex Wheelchair Right to
4 Repair Act. A person who violates the Complex Wheelchair Right
5 to Repair Act commits an unlawful practice within the meaning
6 of this Act.

7 Section 995. No acceleration or delay. Where this Act
8 makes changes in a statute that is represented in this Act by
9 text that is not yet or no longer in effect (for example, a
10 Section represented by multiple versions), the use of that
11 text does not accelerate or delay the taking effect of (i) the
12 changes made by this Act or (ii) provisions derived from any
13 other Public Act.

14 Section 999. Effective date. This Act takes effect January
15 1, 2026.