



Sen. Laura Ellman

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1 AMENDMENT TO SENATE BILL 3815

2 AMENDMENT NO. _____. Amend Senate Bill 3815 by replacing
3 line 13 on page 10 through line 1 on page 11 with the
4 following:

5 "(215 ILCS 97/65 new)

6 Sec. 65. Past-due premiums.

7 (a) Except as provided in subsection (b) for a third plan
8 or policy year, a health insurance issuer in the individual,
9 small group, or large group market shall not deny coverage to
10 an individual or employer due to the individual's or
11 employer's failure to pay a premium owed under a prior policy,
12 certificate, or contract of health insurance coverage,
13 including by attributing payment of premium for a new policy,
14 certificate, or contract of health insurance coverage to the
15 prior policy, certificate, or contract. The use of "one,"
16 "first," "second," and "third" in this Section does not limit
17 its applicability to situations when terminations or

1 cancellations occur in consecutive plan or policy years.

2 (b) If a health insurance issuer terminates or cancels an
3 individual or employer's coverage for nonpayment of premium in
4 one plan or policy year and if the individual or employer
5 enrolls in or purchases a new policy, certificate, or contract
6 of health insurance coverage from the same issuer in a second
7 plan or policy year, the issuer shall comply with subsection
8 (a) if the individual or employer again enrolls in or
9 purchases a new policy, certificate, or contract of health
10 insurance coverage from the same issuer in a third plan or
11 policy year unless:

12 (1) the individual or employer had past-due premiums
13 from the first plan or policy year and all past-due
14 amounts from the first and second years have not been
15 paid; and

16 (2) during the second plan or policy year, the issuer
17 offered a payment plan to the individual or employer under
18 which all past-due premiums from the first plan or policy
19 year would be spread out over 12 monthly billing periods
20 starting with the bill for the first month of coverage in
21 the second plan or policy year and the individual or
22 employer failed to fulfill the requirements of the payment
23 plan through the end of the 12-month period. As required
24 by subsection (a), the issuer shall not attribute payments
25 of premium for the new policy, certificate, or contract to
26 amounts due under the payment plan.

1 (c) Except to the extent that a health insurance issuer
2 must adhere to the terms of a payment plan it offers under
3 paragraph (2) of subsection (b), nothing in this Section
4 prohibits a health insurance issuer from pursuing the
5 collection of past-due premiums from an individual or employer
6 by any other means permitted by law.

7 (d) Nothing in this Section shall supersede the
8 requirements of Sections 30 or 50 of this Act. Nothing in this
9 Section shall supersede any requirements related to grace
10 periods or binder payments under applicable law. Subsection
11 (b) shall be inoperative if a court or the United States
12 Department of Health and Human Services interprets any
13 exception to a provision substantially similar to subsection
14 (a) to violate 42 U.S.C. 300gg-1 or federal regulations
15 thereunder.

16 (e) For purposes of this Section, amounts are not
17 considered past due with respect to any portion of a plan or
18 policy year falling after the effective date of a termination,
19 cancellation, or rescission or after the issuer declines to
20 effectuate coverage due to the individual or employer's
21 failure to make a timely binder payment.

22 (f) This Section does not apply to a grandfathered health
23 plan.

24 (g) For the purposes of this subsection, "renewal" means
25 the continuation in force of an existing policy, certificate,
26 or contract of health insurance coverage with the same issuer

1 for a subsequent plan or policy year. This Section applies
2 only to an individual or employer enrolling in or purchasing a
3 new policy, certificate, or contract of health insurance
4 coverage and shall not be construed to establish requirements
5 or prohibitions for the renewal of an existing policy,
6 certificate, or contract of health insurance coverage."