

1 AN ACT concerning regulation.

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

4 Section 5. The State Employees Group Insurance Act of 1971  
5 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  
9 provide the post-mastectomy care benefits required to be  
10 covered by a policy of accident and health insurance under  
11 Section 356t of the Illinois Insurance Code. The program of  
12 health benefits shall provide the coverage required under  
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356u, 356w, 356x,  
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,  
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
17 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance  
18 Code. The program of health benefits must comply with Sections  
19 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article  
20 XXXIIB of the Illinois Insurance Code. The Department of  
21 Insurance shall enforce the requirements of this Section with  
22 respect to Sections 370c and 370c.1 of the Illinois Insurance  
23 Code; all other requirements of this Section shall be enforced

1 by the Department of Central Management Services.

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

8 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
9 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
10 1-1-19; 100-1102, eff. 1-1-19; 100-1170, eff. 6-1-19; 101-13,  
11 eff. 6-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
12 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.  
13 1-1-21.)

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

16 (55 ILCS 5/5-1069.3)

17 Sec. 5-1069.3. Required health benefits. If a county,  
18 including a home rule county, is a self-insurer for purposes  
19 of providing health insurance coverage for its employees, the  
20 coverage shall include coverage for the post-mastectomy care  
21 benefits required to be covered by a policy of accident and  
22 health insurance under Section 356t and the coverage required  
23 under Sections 356g, 356g.5, 356g.5-1, 356u, 356w, 356x,  
24 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,

1 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
2 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43  
3 of the Illinois Insurance Code. The coverage shall comply with  
4 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
5 Insurance Code. The Department of Insurance shall enforce the  
6 requirements of this Section. The requirement that health  
7 benefits be covered as provided in this Section is an  
8 exclusive power and function of the State and is a denial and  
9 limitation under Article VII, Section 6, subsection (h) of the  
10 Illinois Constitution. A home rule county to which this  
11 Section applies must comply with every provision of this  
12 Section.

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

19 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
20 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
21 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
22 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
23 101-625, eff. 1-1-21.)

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

1 (65 ILCS 5/10-4-2.3)

2 Sec. 10-4-2.3. Required health benefits. If a  
3 municipality, including a home rule municipality, is a  
4 self-insurer for purposes of providing health insurance  
5 coverage for its employees, the coverage shall include  
6 coverage for the post-mastectomy care benefits required to be  
7 covered by a policy of accident and health insurance under  
8 Section 356t and the coverage required under Sections 356g,  
9 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9,  
10 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
11 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
12 356z.36, ~~and~~ 356z.41, and 356z.43 of the Illinois Insurance  
13 Code. The coverage shall comply with Sections 155.22a, 355b,  
14 356z.19, and 370c of the Illinois Insurance Code. The  
15 Department of Insurance shall enforce the requirements of this  
16 Section. The requirement that health benefits be covered as  
17 provided in this is an exclusive power and function of the  
18 State and is a denial and limitation under Article VII,  
19 Section 6, subsection (h) of the Illinois Constitution. A home  
20 rule municipality to which this Section applies must comply  
21 with every provision 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  
25 Act and all rules and procedures of the Joint Committee on

1 Administrative Rules; any purported rule not so adopted, for  
2 whatever reason, is unauthorized.

3 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
4 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
5 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
6 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
7 101-625, eff. 1-1-21.)

8 Section 20. The School Code is amended by changing Section  
9 10-22.3f as follows:

10 (105 ILCS 5/10-22.3f)

11 Sec. 10-22.3f. Required health benefits. Insurance  
12 protection and benefits for employees shall provide the  
13 post-mastectomy care benefits required to be covered by a  
14 policy of accident and health insurance under Section 356t and  
15 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
16 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12,  
17 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
18 356z.30a, 356z.32, 356z.33, 356z.36, ~~and~~ 356z.41, and 356z.43  
19 of the Illinois Insurance Code. Insurance policies shall  
20 comply with Section 356z.19 of the Illinois Insurance Code.  
21 The coverage shall comply with Sections 155.22a, 355b, and  
22 370c of the Illinois Insurance Code. The Department of  
23 Insurance shall enforce the requirements of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance  
2 with all provisions of the Illinois Administrative Procedure  
3 Act and all rules and procedures of the Joint Committee on  
4 Administrative Rules; any purported rule not so adopted, for  
5 whatever reason, is unauthorized.

6 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
7 100-863, eff. 8-14-18; 100-1024, eff. 1-1-19; 100-1057, eff.  
8 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
9 eff. 1-1-20; 101-393, eff. 1-1-20; 101-461, eff. 1-1-20;  
10 101-625, eff. 1-1-21.)

11 Section 25. The Illinois Insurance Code is amended by  
12 adding Section 356z.43 as follows:

13 (215 ILCS 5/356z.43 new)

14 Sec. 356z.43. Biomarker testing.

15 (a) As used in this Section:

16 "Biomarker" means a characteristic that is objectively  
17 measured and evaluated as an indicator of normal biological  
18 processes, pathogenic processes, or pharmacologic responses to  
19 a specific therapeutic intervention. "Biomarker" includes, but  
20 is not limited to, gene mutations or protein expression.

21 "Biomarker testing" means the analysis of a patient's  
22 tissue, blood, or fluid biospecimen for the presence of a  
23 biomarker. "Biomarker testing" includes, but is not limited  
24 to, single-analyte tests, multi-plex panel tests, and partial

1 or whole genome sequencing.

2 (b) A group or individual policy of accident and health  
3 insurance or managed care plan amended, delivered, issued, or  
4 renewed on or after January 1, 2022 shall include coverage for  
5 biomarker testing as defined in this Section pursuant to  
6 criteria established under subsection (d).

7 (c) Biomarker testing shall be covered and conducted in an  
8 efficient manner to provide the most complete range of results  
9 to the patient's health care provider without requiring  
10 multiple biopsies, biospecimen samples, or other delays or  
11 disruptions in patient care.

12 (d) Biomarker testing must be covered for the purposes of  
13 diagnosis, treatment, appropriate management, or ongoing  
14 monitoring of an enrollee's disease or condition when the test  
15 is supported by medical and scientific evidence, including,  
16 but not limited to:

17 (1) labeled indications for an FDA-approved test or  
18 indicated tests for an FDA-approved drug;

19 (2) federal Centers for Medicare and Medicaid Services  
20 National Coverage Determinations;

21 (3) nationally recognized clinical practice  
22 guidelines;

23 (4) consensus statements;

24 (5) professional society recommendations;

25 (6) peer-reviewed literature, biomedical compendia,  
26 and other medical literature that meet the criteria of the

1 National Institutes of Health's National Library of  
2 Medicine for indexing in Index Medicus, Excerpta Medicus,  
3 Medline, and MEDLARS database of Health Services  
4 Technology Assessment Research; and

5 (7) peer-reviewed scientific studies published in or  
6 accepted for publication by medical journals that meet  
7 nationally recognized requirements for scientific  
8 manuscripts and that submit most of their published  
9 articles for review by experts who are not part of the  
10 editorial staff.

11 (e) When coverage of biomarker testing for the purpose of  
12 diagnosis, treatment, or ongoing monitoring of any medical  
13 condition is restricted for use by a group or individual  
14 policy of accident and health insurance or managed care plan,  
15 the patient and prescribing practitioner shall have access to  
16 a clear, readily accessible, and convenient processes to  
17 request an exception. The process shall be made readily  
18 accessible on the insurer's website.

19 Section 30. The Health Maintenance Organization Act is  
20 amended by changing Section 5-3 as follows:

21 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

22 Sec. 5-3. Insurance Code provisions.

23 (a) Health Maintenance Organizations shall be subject to  
24 the provisions of Sections 133, 134, 136, 137, 139, 140,

1 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,  
2 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,  
3 355.3, 355b, 356g.5-1, 356m, 356v, 356w, 356x, 356y, 356z.2,  
4 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
5 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
6 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,  
7 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36, 356z.41,  
8 356z.43, 364, 364.01, 367.2, 367.2-5, 367i, 368a, 368b, 368c,  
9 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A, 408,  
10 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection  
11 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,  
12 XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the Illinois  
13 Insurance Code.

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

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

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

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

1           1/2 of the Illinois Insurance Code.

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

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

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

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

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

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

1           forma financial statements reflecting projected  
2           combined operation for a period of 2 years;

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

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

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

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

25          (f) Except for small employer groups as defined in the  
26          Small Employer Rating, Renewability and Portability Health

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

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

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

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

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

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

23           (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
24 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
25 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
26 eff. 7-12-19; 101-281, eff. 1-1-20; 101-371, eff. 1-1-20;

1 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.  
2 1-1-20; 101-625, eff. 1-1-21.)

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

5 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

6 Sec. 4003. Illinois Insurance Code provisions. Limited  
7 health service organizations shall be subject to the  
8 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, 155.37, 355.2, 355.3,  
11 355b, 356v, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26,  
12 356z.29, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 368a,  
13 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and  
14 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2,  
15 XXV, and XXVI of the Illinois Insurance Code. For purposes of  
16 the Illinois Insurance Code, except for Sections 444 and 444.1  
17 and Articles XIII and XIII 1/2, limited health service  
18 organizations in the following categories are deemed to be  
19 domestic companies:

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

21 (2) 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

1 organization as is a domestic company under Article VIII  
2 1/2 of the Illinois Insurance Code.

3 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
4 100-201, eff. 8-18-17; 100-863, eff. 8-14-18; 100-1057, eff.  
5 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff. 7-12-19; 101-281,  
6 eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 1-1-21.)

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

9 (215 ILCS 165/10) (from Ch. 32, par. 604)

10 Sec. 10. Application of Insurance Code provisions. Health  
11 services plan corporations and all persons interested therein  
12 or dealing therewith shall be subject to the provisions of  
13 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
14 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
15 356g, 356g.5, 356g.5-1, 356r, 356t, 356u, 356v, 356w, 356x,  
16 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
17 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
18 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
19 356z.30, 356z.30a, 356z.32, 356z.33, 356z.41, 356z.43, 364.01,  
20 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
21 and paragraphs (7) and (15) of Section 367 of the Illinois  
22 Insurance Code.

23 Rulemaking authority to implement Public Act 95-1045, if  
24 any, is conditioned on the rules being adopted in accordance

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

5 (Source: P.A. 100-24, eff. 7-18-17; 100-138, eff. 8-18-17;  
6 100-863, eff. 8-14-18; 100-1026, eff. 8-22-18; 100-1057, eff.  
7 1-1-19; 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19; 101-81,  
8 eff. 7-12-19; 101-281, eff. 1-1-20; 101-393, eff. 1-1-20;  
9 101-625, eff. 1-1-21.)

10 Section 45. The Illinois Public Aid Code is amended by  
11 changing Section 5-16.8 as follows:

12 (305 ILCS 5/5-16.8)

13 Sec. 5-16.8. Required health benefits. The medical  
14 assistance program shall (i) provide the post-mastectomy care  
15 benefits required to be covered by a policy of accident and  
16 health insurance under Section 356t and the coverage required  
17 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26,  
18 356z.29, 356z.32, 356z.33, 356z.34, ~~and~~ 356z.35, and 356z.43  
19 of the Illinois Insurance Code and (ii) be subject to the  
20 provisions of Sections 356z.19, 364.01, 370c, and 370c.1 of  
21 the Illinois Insurance Code.

22 The Department, by rule, shall adopt a model similar to  
23 the requirements of Section 356z.39 of the Illinois Insurance  
24 Code.

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

6           To ensure full access to the benefits set forth in this  
7 Section, on and after January 1, 2016, the Department shall  
8 ensure that provider and hospital reimbursement for  
9 post-mastectomy care benefits required under this Section are  
10 no lower than the Medicare reimbursement rate.

11         (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;  
12 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.  
13 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,  
14 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)