

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.)