

## Rep. Keith R. Wheeler

## Filed: 2/17/2022

## 10200HB5254ham001

LRB102 25494 BMS 36316 a

1 AMENDMENT TO HOUSE BILL 5254

- 2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5254 by replacing
- 3 everything after the enacting clause with the following:
- 4 "Section 5. The State Employees Group Insurance Act of
- 5 1971 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, 356g, 356u, 356w, 356x,
- 14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
- 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,

- 1 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
- and 356z.53 and 356z.43 of the Illinois Insurance Code. The 2
- 3 program of health benefits must comply with Sections 155.22a,
- 4 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
- 5 the Illinois Insurance Code. The Department of Insurance shall
- 6 enforce the requirements of this Section with respect to
- Sections 370c and 370c.1 of the Illinois Insurance Code; all 7
- other requirements of this Section shall be enforced by the 8
- 9 Department of Central Management Services.
- 10 Rulemaking authority to implement Public Act 95-1045, if
- 11 any, is conditioned on the rules being adopted in accordance
- with all provisions of the Illinois Administrative Procedure 12
- Act and all rules and procedures of the Joint Committee on 13
- 14 Administrative Rules; any purported rule not so adopted, for
- 15 whatever reason, is unauthorized.
- 16 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
- 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 17
- 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103, 18
- eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 19
- 20 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
- 10-26-21.) 21
- 22 Section 10. The Counties Code is amended by changing
- 23 Section 5-1069.3 as follows:
- 24 (55 ILCS 5/5-1069.3)

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Sec. 5-1069.3. Required health benefits. If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, and 356z.53 and 356z.43 of the Illinois Insurance Code. The coverage shall comply with Sections 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance Code. The Department of Insurance shall enforce the requirements of this Section. The requirement that health benefits be covered as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule county to which this Section applies must comply with every provision of this Section. Rulemaking authority to implement Public Act 95-1045, if any, is conditioned on the rules being adopted in accordance with all provisions of the Illinois Administrative Procedure

Act and all rules and procedures of the Joint Committee on

Administrative Rules; any purported rule not so adopted, for

- 1 whatever reason, is unauthorized.
- 2 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
- 3 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
- 4 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
- 5 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
- 6 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised
- 7 10-26-21.
- 8 Section 15. The Illinois Municipal Code is amended by
- 9 changing Section 10-4-2.3 as follows:
- 10 (65 ILCS 5/10-4-2.3)
- 11 Sec. 10-4-2.3. Required health benefits. If a
- 12 municipality, including a home rule municipality, is a
- 13 self-insurer for purposes of providing health insurance
- 14 coverage for its employees, the coverage shall include
- 15 coverage for the post-mastectomy care benefits required to be
- 16 covered by a policy of accident and health insurance under
- 17 Section 356t and the coverage required under Sections 356g,
- 18 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.6, 356z.8,
- 19 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
- 20 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
- 21 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
- 22 <u>356z.48, 356z.51, and 356z.53</u> and <u>356z.43</u> of the Illinois
- 23 Insurance Code. The coverage shall comply with Sections
- 24 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance

- 1 The Department of Insurance shall enforce
- requirements of this Section. The requirement that health 2
- 3 benefits be covered as provided in this is an exclusive power
- 4 and function of the State and is a denial and limitation under
- 5 Article VII, Section 6, subsection (h) of the Illinois
- Constitution. A home rule municipality to which this Section 6
- applies must comply with every provision of this Section. 7
- 8 Rulemaking authority to implement Public Act 95-1045, if
- 9 any, is conditioned on the rules being adopted in accordance
- 10 with all provisions of the Illinois Administrative Procedure
- 11 Act and all rules and procedures of the Joint Committee on
- Administrative Rules; any purported rule not so adopted, for 12
- 13 whatever reason, is unauthorized.
- (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 14
- 15 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
- 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203, 16
- eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22; 17
- 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; revised 18
- 19 10-26-21.
- Section 20. The School Code is amended by changing Section 2.0
- 10-22.3f as follows: 21
- 22 (105 ILCS 5/10-22.3f)
- 23 Sec. 10-22.3f. Required health benefits. Insurance
- 24 protection and benefits for employees shall provide the

- 1 post-mastectomy care benefits required to be covered by a
- policy of accident and health insurance under Section 356t and 2
- the coverage required under Sections 356g, 356g.5, 356g.5-1, 3
- 4 356q, 356u, 356w, 356x, 356z.6, 356z.8, 356z.9, 356z.11,
- 5 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
- 6 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
- 356z.41, 356z.45, 356z.46, 356z.47, 356z.51, and 356z.53 and 7
- 356z.43 of the Illinois Insurance Code. Insurance policies
- 9 shall comply with Section 356z.19 of the Illinois Insurance
- 10 Code. The coverage shall comply with Sections 155.22a, 355b,
- 11 and 370c of the Illinois Insurance Code. The Department of
- Insurance shall enforce the requirements of this Section. 12
- 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
- whatever reason, is unauthorized. 18
- (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20; 19
- 20 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
- 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203, 2.1
- eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 22
- 102-665, eff. 10-8-21; revised 10-27-21.) 23
- 24 Section 25. The Illinois Insurance Code is amended by
- 25 adding Section 356z.53 as follows:

- 1 (215 ILCS 5/356z.53 new)
- 2 Sec. 356z.53. Coverage for hormone therapy to treat
- 3 menopause. A group or individual policy of accident and health
- 4 insurance or a managed care plan that is amended, delivered,
- 5 issued, or renewed on or after January 1, 2024 shall provide
- 6 coverage for medically necessary hormone therapy treatment to
- 7 treat menopause that has been induced by a hysterectomy.
- 8 Section 30. The Health Maintenance Organization Act is
- 9 amended by changing Section 5-3 as follows:
- 10 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)
- 11 Sec. 5-3. Insurance Code provisions.
- 12 (a) Health Maintenance Organizations shall be subject to
- 13 the provisions of Sections 133, 134, 136, 137, 139, 140,
- 14 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
- 15 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 355.2,
- 16 355.3, 355b, 356q.5-1, 356m, 356q, 356v, 356w, 356x, 356y,
- 17 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
- 18 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
- 19 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,
- 20 356z.30, 356z.30a, 356z.32, 356z.33, 356z.35, 356z.36,
- 21 356z.40, 356z.41, 356z.43, <u>356z.46, 356z.47, 356z.48, 356z.50,</u>
- 22 356z.51, 356z.53, 364, 364.01, 367.2, 367.2-5, 367i, 368a,
- 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403,

- 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of 1
- subsection (2) of Section 367, and Articles IIA, VIII 1/2, 2
- XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the 3
- 4 Illinois Insurance Code.

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- 5 (b) For purposes of the Illinois Insurance Code, except
- for Sections 444 and 444.1 and Articles XIII and XIII 1/2, 6
- Health Maintenance Organizations in the following categories 7
- 8 are deemed to be "domestic companies":
- 9 (1) a corporation authorized under the Dental Service 10 Plan Act or the Voluntary Health Services Plans Act;
- 11 (2) a corporation organized under the laws of this 12 State: or
- 13 (3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents 14 15 this State, except a corporation subject 16 substantially the same requirements in its state of organization as is a "domestic company" under Article VIII 17 1/2 of the Illinois Insurance Code. 18
  - (c) In considering the merger, consolidation, or other acquisition of control of a Health Maintenance Organization pursuant to Article VIII 1/2 of the Illinois Insurance Code,
- 22 (1) the Director shall give primary consideration to the continuation of benefits to enrollees and the 23 24 financial conditions of the acquired Health Maintenance 25 Organization after the merger, consolidation, or other 26 acquisition of control takes effect;

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

- (3) the Director shall have the power to require the following information:
  - (A) certification by an independent actuary of the adequacy of the reserves of the Health Maintenance Organization sought to be acquired;
  - (B) pro forma financial statements reflecting the combined balance sheets of the acquiring company and the Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of a date 90 days prior to the acquisition, as well as pro forma financial statements reflecting projected combined operation for a period of 2 years;
  - (C) a pro forma business plan detailing an acquiring party's plans with respect to the operation of the Health Maintenance Organization sought to be acquired for a period of not less than 3 years; and
  - (D) such other information as the Director shall require.
- (d) The provisions of Article VIII 1/2 of the Illinois

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- 1 Insurance Code and this Section 5-3 shall apply to the sale by any health maintenance organization of greater than 10% of its 2 enrollee population (including without limitation the health 3 4 maintenance organization's right, title, and interest in and 5 to its health care certificates).
  - (e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service agreement on the continuation of benefits to enrollees and the financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on competition.
  - (f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional premiums under the following terms and conditions:
    - (i) the amount of, and other terms and conditions with respect to, the refund or additional premium are set forth in the group or enrollment unit contract agreed in advance of the period for which a refund is to be paid or

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additional premium is to be charged (which period shall not be less than one year); and

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

Health Maintenance Organization shall include statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used the Health Maintenance Organization's calculate (1)profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable

- 1 experience with respect to the group or enrollment unit and
- 2 the resulting additional premium to be paid by the group or
- enrollment unit. 3
- 4 In no event shall the Illinois Health Maintenance
- 5 Organization Guaranty Association be liable to pay any
- contractual obligation of an insolvent organization to pay any 6
- refund authorized under this Section. 7
- (g) Rulemaking authority to implement Public Act 95-1045,
- if any, is conditioned on the rules being adopted in 9
- 10 accordance with all provisions of the Illinois Administrative
- Procedure Act and all rules and procedures of the Joint 11
- Committee on Administrative Rules; any purported rule not so 12
- 13 adopted, for whatever reason, is unauthorized.
- (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19; 14
- 15 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
- 16 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
- eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21; 17
- 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 18
- 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, 19
- 20 eff. 10-8-21; revised 10-27-21.)
- Section 35. The Voluntary Health Services Plans Act is 21
- 22 amended by changing Section 10 as follows:
- 2.3 (215 ILCS 165/10) (from Ch. 32, par. 604)
- 24 Sec. 10. Application of Insurance Code provisions. Health

- 1 services plan corporations and all persons interested therein
- or dealing therewith shall be subject to the provisions of 2
- 3 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
- 4 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
- 5 356q, 356q.5, 356q.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
- 6 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6,
- 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 7
- 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 8
- 9 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33, 356z.40,
- 10 356z.41, 356z.46, 356z.47, 356z.51, 356z.53 <del>356z.43,</del> 364.01,
- 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, 11
- and paragraphs (7) and (15) of Section 367 of the Illinois 12
- 13 Insurance Code.
- Rulemaking authority to implement Public Act 95-1045, if 14
- 15 any, is conditioned on the rules being adopted in accordance
- 16 with all provisions of the Illinois Administrative Procedure
- Act and all rules and procedures of the Joint Committee on 17
- 18 Administrative Rules; any purported rule not so adopted, for
- 19 whatever reason, is unauthorized.
- 20 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
- 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff. 21
- 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, 22
- eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 23
- revised 10-27-21.) 24
- 25 Section 40. The Illinois Public Aid Code is amended by

changing Section 5-16.8 as follows:

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(305 ILCS 5/5-16.8)
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- 3 Sec. 5-16.8. Required health benefits. The medical 4 assistance program shall (i) provide the post-mastectomy care 5 benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required 6 under Sections 356q.5, 356q, 356u, 356w, 356x, 7 8 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46, 9 356z.47, 356z.51, and 356z.53 and 356z.43 of the Illinois 10 Insurance Code, (ii) be subject to the provisions of Sections 356z.19, <del>356z.43,</del> 356z.44, 356z.49, 364.01, 370c, and 370c.1 11 12 of the Illinois Insurance Code, and (iii) be subject to the provisions of subsection (d-5) of Section 10 of the Network 13 14 Adequacy and Transparency Act.
- 15 The Department, by rule, shall adopt a model similar to the requirements of Section 356z.39 of the Illinois Insurance 16 17 Code.
- On and after July 1, 2012, the Department shall reduce any 18 19 rate of reimbursement for services or other payments or alter 20 any methodologies authorized by this Code to reduce any rate 21 of reimbursement for services or other payments in accordance with Section 5-5e. 22
- 23 To ensure full access to the benefits set forth in this 24 Section, on and after January 1, 2016, the Department shall 25 ensure that provider and hospital reimbursement

- post-mastectomy care benefits required under this Section are 1
- no lower than the Medicare reimbursement rate. 2
- (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20; 3
- 4 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
- 5 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
- eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 6
- 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; revised 7
- 10-27-21.)". 8