

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 Illinois Insurance Code is amended by
5 adding Sections 356z.43 and 356z.44 as follows:

6 (215 ILCS 5/356z.43 new)

7 Sec. 356z.43. A1C testing.

8 (a) As used in this Section, "A1C testing" means blood
9 sugar level testing used to diagnose prediabetes, type 1
10 diabetes, and type 2 diabetes and to monitor management of
11 blood sugar levels.

12 (b) A group or individual policy of accident and health
13 insurance or managed care plan amended, delivered, issued, or
14 renewed on or after the effective date of this amendatory Act
15 of the 102nd General Assembly shall provide coverage for A1C
16 testing recommended by a health care provider for prediabetes,
17 type 1 diabetes, and type 2 diabetes in accordance with
18 prediabetes and diabetes risk factors identified by the United
19 States Centers for Disease Control and Prevention.

20 (1) Risk factors for prediabetes may include, but are
21 not limited to, being overweight or obese, being aged 35
22 or older, having an immediate family member with type 2
23 diabetes, previous diagnosis of gestational diabetes and

1 being African American, Hispanic or Latino American,
2 American Indian, or Alaska Native.

3 (2) Risk factors for type 1 diabetes may include, but
4 are not limited to, family history of diabetes.

5 (3) Risk factors for type 2 diabetes may include, but
6 are not limited to, having prediabetes, being overweight
7 or obese, being aged 35 or older, having an immediate
8 family member with type 1 or type 2 diabetes, previous
9 diagnosis of gestational diabetes and being African
10 American, Hispanic or Latino American, American Indian, or
11 Alaska Native.

12 (215 ILCS 5/356z.44 new)

13 Sec. 356z.44. Vitamin D testing.

14 (a) As used in this Section, "vitamin D testing" means
15 vitamin D blood testing that measures the level of vitamin D in
16 an individual's blood.

17 (b) A group or individual policy of accident and health
18 insurance or managed care plan amended, delivered, issued, or
19 renewed on or after the effective date of this amendatory Act
20 of the 102nd General Assembly shall provide coverage for
21 vitamin D testing recommended by a health care provider in
22 accordance with vitamin D deficiency risk factors identified
23 by the United States Centers for Disease Control and
24 Prevention. Risk factors for vitamin D deficiency include, but
25 are not limited to:

- 1 (1) having osteoporosis or other bone-health problems;
2 (2) having conditions that affect fat absorption,
3 including celiac disease or weight loss surgery;
4 (3) routinely taking medications that interfere with
5 vitamin D activity, including anticonvulsants and
6 glucocorticoids;
7 (4) beneficiaries aged 55 and older;
8 (5) having a darker skin color;
9 (6) inadequate sunlight exposure;
10 (7) being obese;
11 (8) previous diagnosis of diabetes or kidney disease;
12 and
13 (9) exhibiting poor muscle strength or constant
14 tiredness.

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

17 (305 ILCS 5/5-16.8)

18 Sec. 5-16.8. Required health benefits. The medical
19 assistance program shall (i) provide the post-mastectomy care
20 benefits required to be covered by a policy of accident and
21 health insurance under Section 356t and the coverage required
22 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26,
23 356z.29, 356z.32, 356z.33, 356z.34, and 356z.35 of the
24 Illinois Insurance Code and (ii) be subject to the provisions

1 of Sections 356z.19, 356z.43, 356z.44, 364.01, 370c, and
2 370c.1 of the Illinois Insurance Code.

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

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

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

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