



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB4862

Introduced 2/7/2024, by Rep. Nicholas K. Smith

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11	
105 ILCS 5/10-22.3f	
215 ILCS 5/356z.71 new	
215 ILCS 5/513b8 new	
215 ILCS 125/5-3	from Ch. 111 1/2, par. 1411.2
215 ILCS 130/4003	from Ch. 73, par. 1504-3
215 ILCS 165/10	from Ch. 32, par. 604

Amends the Illinois Insurance Code. Provides that a pharmacy benefit manager or health benefit plan issuer that covers prescription drugs shall provide certain information, including the issuer's patient-specific prescription benefit information, the enrollee's specific eligibility, and cost-sharing information, regarding a covered prescription drug to an enrollee or the enrollee's prescribing provider on request. Sets forth requirements for providing that information. Provides that a pharmacy benefit manager or health benefit plan issuer may not deny or delay a response to a request for that information for the purpose of blocking the release of the information; restrict a prescribing provider from communicating certain information to the enrollee; interfere with, prevent, or materially discourage access to or the exchange or use of the information; or penalize a prescribing provider for disclosing the information or prescribing, administering, or ordering a lower cost or clinically appropriate alternative drug. Amends the State Employees Group Insurance Act of 1971, the School Code, the Health Maintenance Organization Act, the Limited Health Service Organization Act, and the Voluntary Health Services Plans Act to require plans issued under those Acts to comply with the requirements. Effective January 1, 2025.

LRB103 38657 RPS 68794 b

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, 356q, 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, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
18 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60,
19 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and
20 356z.70 of the Illinois Insurance Code. The program of health
21 benefits must comply with Sections 155.22a, 155.37, 355b,
22 356z.19, 370c, ~~and~~ 370c.1, and 356z.71 and Article XXXIIB of
23 the Illinois Insurance Code. The program of health benefits

1 shall provide the coverage required under Section 356m of the
2 Illinois Insurance Code and, for the employees of the State
3 Employee Group Insurance Program only, the coverage as also
4 provided in Section 6.11B of this Act. The Department of
5 Insurance shall enforce the requirements of this Section with
6 respect to Sections 370c and 370c.1 of the Illinois Insurance
7 Code; all other requirements of this Section shall be enforced
8 by the Department of Central Management Services.

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

15 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
16 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
17 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
18 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
19 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
20 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
21 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
22 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
23 8-11-23; revised 8-29-23.)

24 Section 10. The School Code is amended by changing Section
25 10-22.3f as follows:

1 (105 ILCS 5/10-22.3f)

2 Sec. 10-22.3f. Required health benefits. Insurance
3 protection and benefits for employees shall provide the
4 post-mastectomy care benefits required to be covered by a
5 policy of accident and health insurance under Section 356t and
6 the coverage required under Sections 356g, 356g.5, 356g.5-1,
7 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
8 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
9 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
10 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
11 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~
12 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70
13 of the Illinois Insurance Code. Insurance policies shall
14 comply with Sections ~~Section~~ 356z.19 and 356z.71 of the
15 Illinois Insurance Code. The coverage shall comply with
16 Sections 155.22a, 355b, and 370c of the Illinois Insurance
17 Code. The Department of Insurance shall enforce the
18 requirements of this Section.

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

25 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;

1 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
2 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
3 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
4 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
5 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
6 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
7 103-551, eff. 8-11-23; revised 8-29-23.)

8 Section 15. The Illinois Insurance Code is amended by
9 adding Sections 356z.71 and 513b8 as follows:

10 (215 ILCS 5/356z.71 new)

11 Sec. 356z.71. Health benefit plan data.

12 (a) In this Section:

13 "ANSI-accredited standards" means the requirements of an
14 applicable American National Standards Institute (ANSI)
15 accredited standard to conform to standards adopted under 45
16 CFR 170.205.

17 "Cost-sharing information" means the actual out-of-pocket
18 amount an enrollee is required to pay a dispensing pharmacy or
19 prescribing provider for a prescription drug under the
20 enrollee's health benefit plan.

21 "Drug formulary" means a list of drugs for which a health
22 benefit plan provides coverage, for which a health benefit
23 plan issuer approves payment, or that a health benefit plan
24 issuer encourages or offers incentives for physicians to

1 prescribe.

2 "Enrollee" means a person covered under a health benefit
3 plan, including a covered beneficiary.

4 "Health benefit plan" means a policy of individual or
5 group accident and health insurance that is issued, amended,
6 or renewed on or after January 1, 2025 by an insurance company;
7 a health maintenance organization operating under the Health
8 Maintenance Organization Act; a limited health service
9 organization operating under the Limited Health Service
10 Organization Act; a health services plan corporation operating
11 under the Voluntary Health Service Plans Act; a fraternal
12 benefit society operating under Article XXVII; a domestic
13 Lloyds, foreign Lloyds, or alien Lloyds that holds a
14 certificate of authority under Article V; or a reinsurer
15 operating under Article XI.

16 "Pharmacy benefit manager" has the meaning set forth in
17 subsection (a) of Section 513b1.

18 "Prescription drug" has the meaning set forth in Section
19 2.36 of the Illinois Food, Drug and Cosmetic Act.

20 (b) This Section does not apply to a health benefit plan
21 issued, amended, or renewed before January 1, 2025 or an
22 issuer or provider of health benefits under or a pharmacy
23 benefit manager administering pharmacy benefits under:

24 (1) the program of health benefits under Article V of
25 the Illinois Public Aid Code;

26 (2) the Children's Health Insurance Program;

1 (3) the TRICARE military health system; or

2 (4) an insurance policy for liabilities arising under
3 the Workers' Compensation Act or the Workers' Occupational
4 Diseases Act.

5 (c) A pharmacy benefit manager or health benefit plan
6 issuer that covers prescription drugs shall provide
7 information regarding a covered prescription drug to an
8 enrollee or the enrollee's prescribing provider on request.
9 The information provided must include the issuer's
10 patient-specific prescription benefit information and, for the
11 prescription drug and any drug formulary alternative:

12 (1) the enrollee's specific eligibility;

13 (2) cost-sharing information, including any
14 deductible, copayment, or coinsurance, which must:

15 (A) be consistent with cost-sharing requirements
16 under the enrollee's plan;

17 (B) be accurate at the time the cost-sharing
18 information is provided; and

19 (C) include any variance in cost-sharing based on
20 the patient's preferred dispensing retail or
21 mail-order pharmacy or the prescribing provider; and

22 (3) applicable utilization management requirements.

23 (d) When providing the information required under
24 subsection (c), a pharmacy benefit manager or health benefit
25 plan issuer shall:

26 (1) respond in real time to a request made through an

1 API that meets ANSI-accredited standards;

2 (2) allow the use of an integrated technology or
3 service as necessary to provide the required information;

4 (3) ensure that the information provided is current no
5 later than one business day after the date a change is
6 made; and

7 (4) provide the information if the request is made
8 using the drug's unique billing code and National Drug
9 Code.

10 (e) A pharmacy benefit manager or health benefit plan
11 issuer may not:

12 (1) deny or delay a response to a request for
13 information under subsection (c) for the purpose of
14 blocking the release of the information;

15 (2) restrict a prescribing provider from communicating
16 to the enrollee the information provided under subsection
17 (c), information about the cash price of the drug, or any
18 additional information on any lower cost or clinically
19 appropriate alternative drug, whether or not the drug is
20 covered under the enrollee's plan;

21 (3) except as required by law, interfere with,
22 prevent, or materially discourage access to or the
23 exchange or use of the information provided under
24 subsection (c), including by:

25 (A) charging a fee to access the information;

26 (B) not responding to a request within the time

1 required by this Section; or
2 (C) instituting a consent requirement for an
3 enrollee to access the information; or
4 (4) penalize, including by taking any action intended
5 to punish or discourage future similar behavior by the
6 prescribing provider, a prescribing provider for:
7 (A) disclosing the information provided under
8 subsection (c); or
9 (B) prescribing, administering, or ordering a
10 lower cost or clinically appropriate alternative drug.

11 (215 ILCS 5/513b8 new)
12 Sec. 513b8. Prescription drug coverage data. A pharmacy
13 benefit manager shall comply with Section 356z.71.

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

16 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)
17 Sec. 5-3. Insurance Code provisions.
18 (a) Health Maintenance Organizations shall be subject to
19 the provisions of Sections 133, 134, 136, 137, 139, 140,
20 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
21 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
22 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356v,
23 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,

1 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
2 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,
3 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30,
4 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34, 356z.35,
5 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,
6 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,
7 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,
8 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,
9 356z.71, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
10 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
11 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
12 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
13 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
14 Illinois Insurance Code.

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

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

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

23 (3) a corporation organized under the laws of another
24 state, 30% or more of the enrollees of which are residents
25 of this State, except a corporation subject to
26 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 (c) In considering the merger, consolidation, or other
4 acquisition of control of a Health Maintenance Organization
5 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

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

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

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

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

23 (B) pro forma financial statements reflecting the
24 combined balance sheets of the acquiring company and
25 the Health Maintenance Organization sought to be
26 acquired as of the end of the preceding year and as of

1 a date 90 days prior to the acquisition, as well as pro
2 forma financial statements reflecting projected
3 combined operation for a period of 2 years;

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

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

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

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

26 (f) Except for small employer groups as defined in the

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

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

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

1 plan years.

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

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

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
26 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,

1 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
2 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
3 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
4 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
5 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
6 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
7 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

8 Section 25. The Limited Health Service Organization Act is
9 amended by changing Section 4003 as follows:

10 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

11 Sec. 4003. Illinois Insurance Code provisions. Limited
12 health service organizations shall be subject to the
13 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
14 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
15 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,
16 355.3, 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21,
17 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
18 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
19 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
20 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
21 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
22 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.
23 Nothing in this Section shall require a limited health care
24 plan to cover any service that is not a limited health service.

1 For purposes of the Illinois Insurance Code, except for
2 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited
3 health service organizations in the following categories are
4 deemed to be domestic companies:

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

6 (2) a corporation organized under the laws of another
7 state, 30% or more of the enrollees of which are residents
8 of this State, except a corporation subject to
9 substantially the same requirements in its state of
10 organization as is a domestic company under Article VIII
11 1/2 of the Illinois Insurance Code.

12 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
13 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
14 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
16 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
17 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
18 eff. 1-1-24; revised 8-29-23.)

19 Section 30. The Voluntary Health Services Plans Act is
20 amended by changing Section 10 as follows:

21 (215 ILCS 165/10) (from Ch. 32, par. 604)

22 Sec. 10. Application of Insurance Code provisions. Health
23 services plan corporations and all persons interested therein
24 or dealing therewith shall be subject to the provisions of

1 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
2 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
3 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
4 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
5 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
6 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
7 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
8 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
9 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,
10 356z.67, 356z.68, 356z.71, 364.01, 364.3, 367.2, 368a, 401,
11 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
12 and (15) of Section 367 of the Illinois Insurance Code.

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. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
20 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
21 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
22 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
23 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
24 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
25 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
26 103-551, eff. 8-11-23; revised 8-29-23.)

1 Section 99. Effective date. This Act takes effect January
2 1, 2025.