



Sen. Mike Simmons

Filed: 3/23/2023

10300SB1282sam001

LRB103 27271 BMS 59902 a

1 AMENDMENT TO SENATE BILL 1282

2 AMENDMENT NO. _____. Amend Senate Bill 1282 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 (Text of Section before amendment by P.A. 102-768)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall
10 provide the post-mastectomy care benefits required to be
11 covered by a policy of accident and health insurance under
12 Section 356t of the Illinois Insurance Code. The program of
13 health benefits shall provide the coverage required under
14 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
15 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
16 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,

1 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
2 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
3 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
4 the Illinois Insurance Code. The program of health benefits
5 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
6 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance
7 Code. The Department of Insurance shall enforce the
8 requirements of this Section with respect to Sections 370c and
9 370c.1 of the Illinois Insurance Code; all other requirements
10 of this Section shall be enforced by the Department of Central
11 Management Services.

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

18 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
19 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
20 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
21 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
22 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
23 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
24 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
25 revised 12-13-22.)

1 (Text of Section after amendment by P.A. 102-768)

2 Sec. 6.11. Required health benefits; Illinois Insurance
3 Code requirements. The program of health benefits shall
4 provide the post-mastectomy care benefits required to be
5 covered by a policy of accident and health insurance under
6 Section 356t of the Illinois Insurance Code. The program of
7 health benefits shall provide the coverage required under
8 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x,
9 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
10 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
11 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
12 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
13 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, ~~and~~
14 356z.60, and 356z.61 of the Illinois Insurance Code. The
15 program of health benefits must comply with Sections 155.22a,
16 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of
17 the Illinois Insurance Code. The Department of Insurance shall
18 enforce the requirements of this Section with respect to
19 Sections 370c and 370c.1 of the Illinois Insurance Code; all
20 other requirements of this Section shall be enforced by the
21 Department of Central Management Services.

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
26 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 101-13, eff. 6-12-19; 101-281, eff. 1-1-20;
3 101-393, eff. 1-1-20; 101-452, eff. 1-1-20; 101-461, eff.
4 1-1-20; 101-625, eff. 1-1-21; 102-30, eff. 1-1-22; 102-103,
5 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
6 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
7 1-1-23; 102-768, eff. 1-1-24; 102-804, eff. 1-1-23; 102-813,
8 eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23;
9 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

12 (55 ILCS 5/5-1069.3)

13 Sec. 5-1069.3. Required health benefits. If a county,
14 including a home rule county, is a self-insurer for purposes
15 of providing health insurance coverage for its employees, the
16 coverage shall include coverage for the post-mastectomy care
17 benefits required to be covered by a policy of accident and
18 health insurance under Section 356t and the coverage required
19 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
20 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
21 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
22 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
23 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,
24 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.61

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

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

17 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
18 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
19 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
20 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
21 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
22 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
23 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
24 102-1117, eff. 1-13-23.)

25 Section 15. The Illinois Municipal Code is amended by

1 changing Section 10-4-2.3 as follows:

2 (65 ILCS 5/10-4-2.3)

3 Sec. 10-4-2.3. Required health benefits. If a
4 municipality, including a home rule municipality, is a
5 self-insurer for purposes of providing health insurance
6 coverage for its employees, the coverage shall include
7 coverage for the post-mastectomy care benefits required to be
8 covered by a policy of accident and health insurance under
9 Section 356t and the coverage required under Sections 356g,
10 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
11 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
12 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
13 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
14 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
15 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and 356z.61 of the
16 Illinois Insurance Code. The coverage shall comply with
17 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
18 Insurance Code. The Department of Insurance shall enforce the
19 requirements of this Section. The requirement that health
20 benefits be covered as provided in this is an exclusive power
21 and function of the State and is a denial and limitation under
22 Article VII, Section 6, subsection (h) of the Illinois
23 Constitution. A home rule municipality to which this Section
24 applies must comply with every provision of this Section.

25 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. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
7 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
8 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
9 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
10 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
11 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
12 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
13 102-1117, eff. 1-13-23.)

14 Section 20. The School Code is amended by changing Section
15 10-22.3f as follows:

16 (105 ILCS 5/10-22.3f)

17 Sec. 10-22.3f. Required health benefits. Insurance
18 protection and benefits for employees shall provide the
19 post-mastectomy care benefits required to be covered by a
20 policy of accident and health insurance under Section 356t and
21 the coverage required under Sections 356g, 356g.5, 356g.5-1,
22 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
23 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
24 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,
2 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, ~~and~~ 356z.60, and
3 356z.61 of the Illinois Insurance Code. Insurance policies
4 shall comply with Section 356z.19 of the Illinois Insurance
5 Code. The coverage shall comply with Sections 155.22a, 355b,
6 and 370c of the Illinois Insurance Code. The Department of
7 Insurance shall enforce the requirements of this Section.

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

14 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
15 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
16 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
17 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
18 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
19 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
20 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

21 Section 25. The Illinois Insurance Code is amended by
22 adding Section 356z.61 as follows:

23 (215 ILCS 5/356z.61 new)

24 Sec. 356z.61. Coverage for liver disease screening. A

1 group or individual policy of accident and health insurance or
2 a managed care plan that is amended, delivered, issued, or
3 renewed on or after January 1, 2025 shall provide coverage for
4 preventative liver disease screenings for individuals 35 years
5 of age or older and under the age of 65 at high risk for liver
6 disease, including liver ultrasounds and alpha-fetoprotein
7 blood tests every 6 months, without imposing a deductible,
8 coinsurance, copayment, or any other cost-sharing requirement
9 on the coverage provided; except that this Section does not
10 apply to coverage of liver disease screenings to the extent
11 such coverage would disqualify a high-deductible health plan
12 from eligibility for a health savings account pursuant to
13 Section 223 of the Internal Revenue Code.

14 Section 30. 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, 355.2,
22 355.3, 355b, 355c, 356g.5-1, 356m, 356q, 356v, 356w, 356x,
23 356y, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
24 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,

1 356z.15, 356z.17, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
2 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
3 356z.35, 356z.36, 356z.40, 356z.41, 356z.46, 356z.47, 356z.48,
4 356z.50, 356z.51, 356z.53 ~~256z.53~~, 356z.54, 356z.56, 356z.57,
5 356z.59, 356z.60, 356z.61, 364, 364.01, 364.3, 367.2, 367.2-5,
6 367i, 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1,
7 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
8 paragraph (c) of subsection (2) of Section 367, and Articles
9 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and
10 XXXIIB of the Illinois Insurance Code.

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

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

17 (2) a corporation organized under the laws of this
18 State; or

19 (3) a corporation organized under the laws of another
20 state, 30% or more of the enrollees of which are residents
21 of this State, except a corporation subject to
22 substantially the same requirements in its state of
23 organization as is a "domestic company" under Article VIII
24 1/2 of the Illinois Insurance Code.

25 (c) In considering the merger, consolidation, or other
26 acquisition of control of a Health Maintenance Organization

1 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

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

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

14 (3) the Director shall have the power to require the
15 following information:

16 (A) certification by an independent actuary of the
17 adequacy of the reserves of the Health Maintenance
18 Organization sought to be acquired;

19 (B) pro forma financial statements reflecting the
20 combined balance sheets of the acquiring company and
21 the Health Maintenance Organization sought to be
22 acquired as of the end of the preceding year and as of
23 a date 90 days prior to the acquisition, as well as pro
24 forma financial statements reflecting projected
25 combined operation for a period of 2 years;

26 (C) a pro forma business plan detailing an

1 acquiring party's plans with respect to the operation
2 of the Health Maintenance Organization sought to be
3 acquired for a period of not less than 3 years; and

4 (D) such other information as the Director shall
5 require.

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

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

22 (f) Except for small employer groups as defined in the
23 Small Employer Rating, Renewability and Portability Health
24 Insurance Act and except for medicare supplement policies as
25 defined in Section 363 of the Illinois Insurance Code, a
26 Health Maintenance Organization may by contract agree with a

1 group or other enrollment unit to effect refunds or charge
2 additional premiums under the following terms and conditions:

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

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

24 The Health Maintenance Organization shall include a
25 statement in the evidence of coverage issued to each enrollee
26 describing the possibility of a refund or additional premium,

1 and upon request of any group or enrollment unit, provide to
2 the group or enrollment unit a description of the method used
3 to calculate (1) the Health Maintenance Organization's
4 profitable experience with respect to the group or enrollment
5 unit and the resulting refund to the group or enrollment unit
6 or (2) the Health Maintenance Organization's unprofitable
7 experience with respect to the group or enrollment unit and
8 the resulting additional premium to be paid by the group or
9 enrollment unit.

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

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

20 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
21 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-393, eff.
22 1-1-20; 101-452, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625,
23 eff. 1-1-21; 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
25 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
26 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;

1 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
2 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
3 eff. 1-1-23; 102-1117, eff. 1-13-23; revised 1-22-23.)

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

6 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

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

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

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

7 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
8 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
9 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
10 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
11 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
12 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

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

15 (215 ILCS 165/10) (from Ch. 32, par. 604)

16 Sec. 10. Application of Insurance Code provisions. Health
17 services plan corporations and all persons interested therein
18 or dealing therewith shall be subject to the provisions of
19 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
20 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
21 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
22 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
23 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
24 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,

1 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
2 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
3 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 364.01, 364.3,
4 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
5 and paragraphs (7) and (15) of Section 367 of the Illinois
6 Insurance Code.

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

13 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
14 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
15 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
16 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
17 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
18 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
19 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
20 102-1117, eff. 1-13-23.)

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

23 (305 ILCS 5/5-16.8)

24 Sec. 5-16.8. Required health benefits. The medical

1 assistance program shall (i) provide the post-mastectomy care
2 benefits required to be covered by a policy of accident and
3 health insurance under Section 356t and the coverage required
4 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
5 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
6 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, ~~and~~ 356z.60, and
7 356z.61 of the Illinois Insurance Code, (ii) be subject to the
8 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,
9 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be
10 subject to the provisions of subsection (d-5) of Section 10 of
11 the Network Adequacy and Transparency Act.

12 The Department, by rule, shall adopt a model similar to
13 the requirements of Section 356z.39 of the Illinois Insurance
14 Code.

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

20 To ensure full access to the benefits set forth in this
21 Section, on and after January 1, 2016, the Department shall
22 ensure that provider and hospital reimbursement for
23 post-mastectomy care benefits required under this Section are
24 no lower than the Medicare reimbursement rate.

25 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
26 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.

1 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
2 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
3 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
4 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
5 eff. 1-1-23; 102-1117, eff. 1-13-23.)

6 Section 95. No acceleration or delay. Where this Act makes
7 changes in a statute that is represented in this Act by text
8 that is not yet or no longer in effect (for example, a Section
9 represented by multiple versions), the use of that text does
10 not accelerate or delay the taking effect of (i) the changes
11 made by this Act or (ii) provisions derived from any other
12 Public Act."