

103RD GENERAL ASSEMBLY State of Illinois 2023 and 2024 SB2671

Introduced 1/10/2024, by Sen. Laura M. Murphy

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11 55 ILCS 5/5-1069.3 65 ILCS 5/10-4-2.3 105 ILCS 5/10-22.3f 215 ILCS 5/356z.71 new 215 ILCS 125/5-3

from Ch. 111 1/2, par. 1411.2

Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance or managed care plan that is amended, delivered, issued, or renewed after the effective date of the amendatory Act shall provide coverage for hippotherapy and other forms of therapeutic riding. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, and the Health Maintenance Organization Act.

LRB103 35940 RPS 66027 b

STATE MANDATES ACT MAY REQUIRE REIMBURSEMENT

AN ACT concerning regulation. 1

Be it enacted by the People of the State of Illinois, 2 represented in the General Assembly: 3

- 4 Section 5. The State Employees Group Insurance Act of 1971
- 5 is amended by changing Section 6.11 as follows:
- (5 ILCS 375/6.11) 6
- Sec. 6.11. Required health benefits; Illinois Insurance 7 8 Code requirements. The program of health benefits shall 9 provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under 10 Section 356t of the Illinois Insurance Code. The program of 11 12 health benefits shall provide the coverage required under Sections 356q, 356q.5, 356q.5-1, 356m, 356q, 356u, 356w, 356x, 13 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, 15 16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51, 17 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60, 18 and 356z.61, and 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,
- 19
- and 356z.71 of the Illinois Insurance Code. The program of 20
- 21 health benefits must comply with Sections 155.22a, 155.37,
- 22 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the
- Illinois Insurance Code. The program of health benefits shall 23

- 1 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.)
- Section 10. The Counties Code is amended by changing
- 25 Section 5-1069.3 as follows:

1 (55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county, 2 3 including a home rule county, is a self-insurer for purposes 4 of providing health insurance coverage for its employees, the 5 coverage shall include coverage for the post-mastectomy care 6 benefits required to be covered by a policy of accident and health insurance under Section 356t and the coverage required 7 under Sections 356q, 356q.5, 356q.5-1, 356q, 356u, 356w, 356x, 8 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 9 10 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 11 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 12 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, and 356z.61, and 13 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and 356z.71 of 14 15 the Illinois Insurance Code. The coverage shall comply with 16 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance Code. The Department of Insurance shall enforce the 17 requirements of this Section. The requirement that health 18 benefits be covered as provided in this Section is an 19 exclusive power and function of the State and is a denial and 20 21 limitation under Article VII, Section 6, subsection (h) of the 22 Illinois Constitution. A home rule county to which this Section applies must comply with every provision of this 23 24 Section.

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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
- 7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
- 8 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
- 9 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
- 10 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
- 11 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
- 12 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
- 13 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
- 14 8-29-23.)
- 15 Section 15. The Illinois Municipal Code is amended by
- 16 changing Section 10-4-2.3 as follows:
- 17 (65 ILCS 5/10-4-2.3)
- 18 Sec. 10-4-2.3. Required health benefits. If a
- 19 municipality, including a home rule municipality, is a
- 20 self-insurer for purposes of providing health insurance
- 21 coverage for its employees, the coverage shall include
- 22 coverage for the post-mastectomy care benefits required to be
- 23 covered by a policy of accident and health insurance under
- 24 Section 356t and the coverage required under Sections 356q,

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- 356q.5, 356q.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 1 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 2 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 3 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 5 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54, 6 356z.56, 356z.57, 356z.59, 356z.60, and 356z.61, and 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and 356z.71 of the 7 Illinois Insurance Code. The coverage shall comply with 8 9 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois 10 Insurance Code. The Department of Insurance shall enforce the requirements of this Section. The requirement that health 11 12 benefits be covered as provided in this is an exclusive power 13 and function of the State and is a denial and limitation under 14 Article VII, Section 6, subsection (h) of the Illinois
- 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 whatever reason, is unauthorized.

applies must comply with every provision of this Section.

Constitution. A home rule municipality to which this Section

- 23 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
- 24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
- 25 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
- 26 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;

- 1 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
- 2 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
- 3 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
- 4 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
- 5 8-29-23.)
- 6 Section 20. The School Code is amended by changing Section
- 7 10-22.3f as follows:
- 8 (105 ILCS 5/10-22.3f)
- 9 Sec. 10-22.3f. Required health benefits. Insurance
- 10 protection and benefits for employees shall provide the
- 11 post-mastectomy care benefits required to be covered by a
- 12 policy of accident and health insurance under Section 356t and
- the coverage required under Sections 356g, 356g.5, 356g.5-1,
- 14 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
- 15 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
- 16 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.51,
- 18 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, and
- 19 356z.61, and 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and
- 20 356z.71 of the Illinois Insurance Code. Insurance policies
- 21 shall comply with Section 356z.19 of the Illinois Insurance
- 22 Code. The coverage shall comply with Sections 155.22a, 355b,
- 23 and 370c of the Illinois Insurance Code. The Department of
- 24 Insurance shall enforce the requirements of this Section.

- 1 Rulemaking authority to implement Public Act 95-1045, if
- 2 any, is conditioned on the rules being adopted in accordance
- 3 with all provisions of the Illinois Administrative Procedure
- 4 Act and all rules and procedures of the Joint Committee on
- 5 Administrative Rules; any purported rule not so adopted, for
- 6 whatever reason, is unauthorized.
- 7 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
- 8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
- 9 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
- 10 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
- 11 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
- 12 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
- 13 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
- 14 103-551, eff. 8-11-23; revised 8-29-23.)
- 15 Section 25. The Illinois Insurance Code is amended by
- 16 adding Section 356z.71 as follows:
- 17 (215 ILCS 5/356z.71 new)
- 18 Sec. 356z.71. Coverage for hippotherapy and therapeutic
- 19 riding.
- 20 (a) As used in this Section:
- "Disability" means a determinable physical or mental
- 22 characteristic of a person, including, but not limited to, a
- 23 determinable physical characteristic that necessitates the
- 24 person's use of a guide, hearing, or support dog, that may

- 1 result from a disease, injury, or congenital condition of
- 2 birth or a functional disorder.
- 3 "Hippotherapy" means physical, occupational, or speech
- 4 therapy, prescribed by a physician and delivered by a licensed
- 5 occupational therapist, physical therapist, or speech-language
- 6 pathologist, in conjunction with a professional horse handler
- 7 and a therapy horse.
- 8 "Therapeutic riding" means horseback riding lessons
- 9 <u>adapted to an individual with a disability, delivered by a</u>
- 10 <u>professional horse handler and a therapy horse.</u>
- 11 (b) A group or individual policy of accident and health
- insurance or managed care plan that is amended, delivered,
- issued, or renewed after the effective date of this amendatory
- 14 Act of the 103rd General Assembly shall provide coverage for
- 15 hippotherapy and other forms of therapeutic riding.
- 16 Section 30. The Health Maintenance Organization Act is
- amended by changing Section 5-3 as follows:
- 18 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)
- 19 Sec. 5-3. Insurance Code provisions.
- 20 (a) Health Maintenance Organizations shall be subject to
- 21 the provisions of Sections 133, 134, 136, 137, 139, 140,
- 22 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
- 23 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
- 24 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356g, 356v,

- 1 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
- 2 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
- 3 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,
- 4 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30,
- 5 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34, 356z.35,
- 6 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,
- 7 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,
- 8 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,
- 9 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,
- 10 356z.71, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
- 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
- 12 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
- 13 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
- 14 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
- 15 Illinois Insurance Code.
- 16 (b) For purposes of the Illinois Insurance Code, except
- for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
- 18 Health Maintenance Organizations in the following categories
- are deemed to be "domestic companies":
- 20 (1) a corporation authorized under the Dental Service
- 21 Plan Act or the Voluntary Health Services Plans Act;
- 22 (2) a corporation organized under the laws of this
- 23 State; or
- 24 (3) a corporation organized under the laws of another
- state, 30% or more of the enrollees of which are residents
- of this State, except a corporation subject to

-	substantially t	the same	requirements	in i	ts state	of
2	organization as	is a "dome	estic company"	under	Article	VIII
3	1/2 of the Illin	nois Insura	ance Code			

- (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,
 - (1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other 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 Insurance Code and this Section 5-3 shall apply to the sale by any health maintenance organization of greater than 10% of its enrollee population (including, without limitation, the health maintenance organization's right, title, and interest in and 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.

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- (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 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 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

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account the refund period and the immediately preceding 2 1 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 calculate (1) the Health Maintenance Organization's 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 experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or enrollment unit.

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

(g) Rulemaking authority to implement Public Act 95-1045, 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 whatever reason, is unauthorized.

25 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;

102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 26

- 1 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
- 2 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
- 3 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
- 4 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
- 5 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
- 6 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
- 7 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
- 8 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)