# 93RD GENERAL ASSEMBLY

### State of Illinois

## 2003 and 2004

### HB5089

Introduced 2/5/2004, by Mary E. Flowers

### 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.6 new 215 ILCS 125/5-3 215 ILCS 165/10

from Ch. 111 1/2, par. 1411.2 from Ch. 32, par. 604

Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Illinois Insurance Code, the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act to provide coverage for a federally approved AIDS vaccine.

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FISCAL NOTE ACT MAY APPLY STATE MANDATES ACT MAY REQUIRE REIMBURSEMENT 1

AN ACT concerning insurance.

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

- Section 5. The State Employees Group Insurance Act of 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 Code requirements. The program of health benefits shall provide 8 the post-mastectomy care benefits required to be covered by a 9 policy of accident and health insurance under Section 356t of 10 the Illinois Insurance Code. The program of health benefits 11 shall provide the coverage required under Sections 356u, 356w, 12 356x, 356z.2, and 356z.4, and 356z.6 of the Illinois Insurance 13 14 Code. The program of health benefits must comply with Section 15 155.37 of the Illinois Insurance Code.

16 (Source: P.A. 92-440, eff. 8-17-01; 92-764, eff. 1-1-03; 17 93-102, eff. 1-1-04.)

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

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#### (55 ILCS 5/5-1069.3)

Sec. 5-1069.3. Required health benefits. If a county, 21 including a home rule county, is a self-insurer for purposes of 22 23 providing health insurance coverage for its employees, the 24 coverage shall include coverage for the post-mastectomy care benefits required to be covered by a policy of accident and 25 26 health insurance under Section 356t and the coverage required 27 under Sections 356u, 356w, and 356x, and 356z.6 of the Illinois 28 Insurance Code. The requirement that health benefits be covered as provided in this Section is an exclusive power and function 29 of the State and is a denial and limitation under Article VII, 30

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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.

4 (Source: P.A. 90-7, eff. 6-10-97; 90-741, eff. 1-1-99.)

5 Section 15. The Illinois Municipal Code is amended by 6 changing Section 10-4-2.3 as follows:

7 (65 ILCS 5/10-4-2.3)

Required health 8 Sec. 10-4-2.3. benefits. If а 9 municipality, including a home rule municipality, is а 10 self-insurer for purposes of providing health insurance coverage for its employees, the coverage shall include coverage 11 for the post-mastectomy care benefits required to be covered by 12 13 a policy of accident and health insurance under Section 356t 14 and the coverage required under Sections 356u, 356w, and 356x, 15 and 356z.6 of the Illinois Insurance Code. The requirement that health benefits be covered as provided in this is an exclusive 16 17 power and function of the State and is a denial and limitation 18 under Article VII, Section 6, subsection (h) of the Illinois Constitution. A home rule municipality to which this Section 19 applies must comply with every provision of this Section. 20 (Source: P.A. 90-7, eff. 6-10-97; 90-741, eff. 1-1-99.) 21

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

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(105 ILCS 5/10-22.3f)

Sec. 10-22.3f. Required health benefits. Insurance protection and benefits for employees shall provide 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 356u, 356w, and 356x, and 356z.6 of the Illinois Insurance Code.

31 (Source: P.A. 90-7, eff. 6-10-97; 90-741, eff. 1-1-99.)

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1 Section 25. The Illinois Insurance Code is amended by 2 adding Section 356z.6 as follows:

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(215 ILCS 5/356z.6 new)

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Sec. 356z.6. AIDS vaccine.

(a) A group or individual policy of accident and health 5 insurance or managed care plan amended, delivered, issued, or 6 7 renewed after the effective date of this amendatory Act of the 93rd General Assembly must provide coverage for a vaccine for 8 acquired immune deficiency syndrome (AIDS) that is approved for 9 10 marketing by the federal Food and Drug Administration and that 11 is recommended by the United States Public Health Service.

(b) This Section does not require a policy of accident and 12 health insurance to provide coverage for any clinical trials 13 relating to an AIDS vaccine or for any AIDS vaccine that has 14 15 been approved by the federal Food and Drug Administration in the form of an investigational new drug application. 16

17 Section 30. The Health Maintenance Organization Act is 18 amended by changing Section 5-3 as follows:

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(215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2) 20 Sec. 5-3. Insurance Code provisions.

(a) Health Maintenance Organizations shall be subject to 21 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2, 22 23 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5, 24 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x, 356y, 356z.2, 356z.4, <u>356z.5, 356z.6,</u> 367.2, 367.2-5, 367i, 25 368a, 368b, 368c, 368d, 368e, 401, 401.1, 402, 403, 403A, 408, 26 27 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2, 28 29 XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

(b) For purposes of the Illinois Insurance Code, except for 30 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health 31 Maintenance Organizations in the following categories are 32 deemed to be "domestic companies": 33

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1 2 (1) a corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act;

3 (2) a corporation organized under the laws of this
4 State; or

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

19 (2)(i) the criteria specified in subsection (1)(b) of 20 Section 131.8 of the Illinois Insurance Code shall not 21 apply and (ii) the Director, in making his determination 22 with respect to the merger, consolidation, or other 23 acquisition of control, need not take into account the 24 effect on competition of the merger, consolidation, or 25 other acquisition of control;

26 (3) the Director shall have the power to require the27 following information:

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

31 (B) pro forma financial statements reflecting the 32 combined balance sheets of the acquiring company and 33 the Health Maintenance Organization sought to be 34 acquired as of the end of the preceding year and as of 35 a date 90 days prior to the acquisition, as well as pro 36 forma financial statements reflecting projected - 5 - LRB093 14723 SAS 40266 b

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combined operation for a period of 2 years;

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

6 (D) such other information as the Director shall 7 require.

8 (d) The provisions of Article VIII 1/2 of the Illinois 9 Insurance Code and this Section 5-3 shall apply to the sale by 10 any health maintenance organization of greater than 10% of its 11 enrollee population (including without limitation the health 12 maintenance organization's right, title, and interest in and to 13 its health care certificates).

(e) In considering any management contract or service 14 15 agreement subject to Section 141.1 of the Illinois Insurance 16 Code, the Director (i) shall, in addition to the criteria 17 specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service 18 19 agreement on the continuation of benefits to enrollees and the 20 financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the 21 22 effect of the management contract or service agreement on 23 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 additional premium is to be charged (which period shall not be less than one year); and HB5089

1 (ii) the amount of the refund or additional premium 2 20% of the Health shall not exceed Maintenance Organization's profitable or unprofitable experience with 3 respect to the group or other enrollment unit for the 4 5 period (and, for purposes of a refund or additional 6 premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the 7 Health Maintenance Organization's administrative 8 and marketing expenses, but shall not include any refund to be 9 10 made or additional premium to be paid pursuant to this 11 subsection (f)). The Health Maintenance Organization and 12 the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into 13 account the refund period and the immediately preceding 2 14 15 plan years.

16 The Health Maintenance Organization shall include а 17 statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, 18 19 and upon request of any group or enrollment unit, provide to 20 the group or enrollment unit a description of the method used (1) the Health Maintenance Organization's 21 to calculate profitable experience with respect to the group or enrollment 22 23 unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable 24 25 experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or 26 27 enrollment unit.

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

32 (Source: P.A. 92-764, eff. 1-1-03; 93-102, eff. 1-1-04; 93-261, 33 eff. 1-1-04; 93-477, eff. 8-8-03; 93-529, eff. 8-14-03; revised 34 9-25-03.)

Section 35. The Voluntary Health Services Plans Act is

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1 amended by changing Section 10 as follows:

2 (215 ILCS 165/10) (from Ch. 32, par. 604)

3 Sec. 10. Application of Insurance Code provisions. Health 4 services plan corporations and all persons interested therein or dealing therewith shall be subject to the provisions of 5 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c, 6 149, 155.37, 354, 355.2, 356r, 356t, 356u, 356v, 356w, 356x, 7 356y, 356z.1, 356z.2, 356z.4, <u>356z.5, 356z.6,</u> 367.2, 368a, 401, 8 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7) 9 and (15) of Section 367 of the Illinois Insurance Code. 10

11 (Source: P.A. 92-130, eff. 7-20-01; 92-440, eff. 8-17-01; 12 92-651, eff. 7-11-02; 92-764, eff. 1-1-03; 93-102, eff. 1-1-04; 13 93-529, eff. 8-14-03; revised 9-25-03.)