



Rep. Greg Harris

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1 AMENDMENT TO SENATE BILL 1174

2 AMENDMENT NO. _____. Amend Senate Bill 1174 by replacing
3 everything after the enacting clause with the following:

4 "Article 1. Legislative Intent

5 Section 1-1. Legislative intent. The General Assembly
6 finds that the mortality associated with breast cancer for
7 minority women in Illinois is significantly higher compared to
8 non-minority women. This disparity has grown over the last 2
9 decades and is unacceptable. A recent New England Journal of
10 Medicine article found that even modest cost-sharing deters
11 women from getting a mammogram. The reduction was most
12 pronounced for those with lower income and less education. Many
13 other studies have found that women with lower family income
14 and those relying on public programs for healthcare access
15 mammography at a lower rate. It is, therefore, the intent of
16 this legislation to decrease health disparities as they relate

1 to breast cancer and to improve access for all women to quality
2 breast cancer screening and treatment where necessary.

3 Article 5. Improving State Healthcare Programs
4 With Respect To
5 Mammography And Breast Cancer Treatment

6 Section 5-5. The Illinois Public Aid Code is amended by
7 changing Section 5-5 as follows:

8 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

9 Sec. 5-5. Medical services. The Illinois Department, by
10 rule, shall determine the quantity and quality of and the rate
11 of reimbursement for the medical assistance for which payment
12 will be authorized, and the medical services to be provided,
13 which may include all or part of the following: (1) inpatient
14 hospital services; (2) outpatient hospital services; (3) other
15 laboratory and X-ray services; (4) skilled nursing home
16 services; (5) physicians' services whether furnished in the
17 office, the patient's home, a hospital, a skilled nursing home,
18 or elsewhere; (6) medical care, or any other type of remedial
19 care furnished by licensed practitioners; (7) home health care
20 services; (8) private duty nursing service; (9) clinic
21 services; (10) dental services, including prevention and
22 treatment of periodontal disease and dental caries disease for
23 pregnant women; (11) physical therapy and related services;

1 (12) prescribed drugs, dentures, and prosthetic devices; and
2 eyeglasses prescribed by a physician skilled in the diseases of
3 the eye, or by an optometrist, whichever the person may select;
4 (13) other diagnostic, screening, preventive, and
5 rehabilitative services; (14) transportation and such other
6 expenses as may be necessary; (15) medical treatment of sexual
7 assault survivors, as defined in Section 1a of the Sexual
8 Assault Survivors Emergency Treatment Act, for injuries
9 sustained as a result of the sexual assault, including
10 examinations and laboratory tests to discover evidence which
11 may be used in criminal proceedings arising from the sexual
12 assault; (16) the diagnosis and treatment of sickle cell
13 anemia; and (17) any other medical care, and any other type of
14 remedial care recognized under the laws of this State, but not
15 including abortions, or induced miscarriages or premature
16 births, unless, in the opinion of a physician, such procedures
17 are necessary for the preservation of the life of the woman
18 seeking such treatment, or except an induced premature birth
19 intended to produce a live viable child and such procedure is
20 necessary for the health of the mother or her unborn child. The
21 Illinois Department, by rule, shall prohibit any physician from
22 providing medical assistance to anyone eligible therefor under
23 this Code where such physician has been found guilty of
24 performing an abortion procedure in a wilful and wanton manner
25 upon a woman who was not pregnant at the time such abortion
26 procedure was performed. The term "any other type of remedial

1 care" shall include nursing care and nursing home service for
2 persons who rely on treatment by spiritual means alone through
3 prayer for healing.

4 Notwithstanding any other provision of this Section, a
5 comprehensive tobacco use cessation program that includes
6 purchasing prescription drugs or prescription medical devices
7 approved by the Food and Drug administration shall be covered
8 under the medical assistance program under this Article for
9 persons who are otherwise eligible for assistance under this
10 Article.

11 Notwithstanding any other provision of this Code, the
12 Illinois Department may not require, as a condition of payment
13 for any laboratory test authorized under this Article, that a
14 physician's handwritten signature appear on the laboratory
15 test order form. The Illinois Department may, however, impose
16 other appropriate requirements regarding laboratory test order
17 documentation.

18 The Department of Healthcare and Family Services shall
19 provide the following services to persons eligible for
20 assistance under this Article who are participating in
21 education, training or employment programs operated by the
22 Department of Human Services as successor to the Department of
23 Public Aid:

24 (1) dental services, which shall include but not be
25 limited to prosthodontics; and

26 (2) eyeglasses prescribed by a physician skilled in the

1 diseases of the eye, or by an optometrist, whichever the
2 person may select.

3 The Illinois Department, by rule, may distinguish and
4 classify the medical services to be provided only in accordance
5 with the classes of persons designated in Section 5-2.

6 The Department of Healthcare and Family Services must
7 provide coverage and reimbursement for amino acid-based
8 elemental formulas, regardless of delivery method, for the
9 diagnosis and treatment of (i) eosinophilic disorders and (ii)
10 short bowel syndrome when the prescribing physician has issued
11 a written order stating that the amino acid-based elemental
12 formula is medically necessary.

13 The Illinois Department shall authorize the provision of,
14 and shall authorize payment for, screening by low-dose
15 mammography for the presence of occult breast cancer for women
16 35 years of age or older who are eligible for medical
17 assistance under this Article, as follows:

18 (A) A ~~a~~ baseline mammogram for women 35 to 39 years of
19 age. ~~and an~~

20 (B) An annual mammogram for women 40 years of age or
21 older.

22 (C) A mammogram at the age and intervals considered
23 medically necessary by the woman's health care provider for
24 women under 40 years of age and having a family history of
25 breast cancer, prior personal history of breast cancer,
26 positive genetic testing, or other risk factors.

1 (D) A comprehensive ultrasound screening of an entire
2 breast or breasts if a mammogram demonstrates
3 heterogeneous or dense breast tissue, when medically
4 necessary as determined by a physician licensed to practice
5 medicine in all of its branches.

6 All screenings shall include a physical breast exam,
7 instruction on self-examination and information regarding the
8 frequency of self-examination and its value as a preventative
9 tool. For purposes of ~~As used in~~ this Section, "low-dose
10 mammography" means the x-ray examination of the breast using
11 equipment dedicated specifically for mammography, including
12 the x-ray tube, filter, compression device, and image receptor,
13 ~~and cassettes,~~ with an average radiation exposure delivery of
14 less than one rad per breast for ~~mid breast, with 2 views of an~~
15 average size for each breast. The term also includes digital
16 mammography.

17 On and after July 1, 2008, screening and diagnostic
18 mammography shall be reimbursed at the same rate as the
19 Medicare program's rates, including the increased
20 reimbursement for digital mammography.

21 The Department shall convene an expert panel including
22 representatives of hospitals, free-standing mammography
23 facilities, and doctors, including radiologists, to establish
24 quality standards. Based on these quality standards, the
25 Department shall provide for bonus payments to mammography
26 facilities meeting the standards for screening and diagnosis.

1 The bonus payments shall be at least 15% higher than the
2 Medicare rates for mammography.

3 Subject to federal approval, the Department shall
4 establish a rate methodology for mammography at federally
5 qualified health centers and other encounter-rate clinics.
6 These clinics or centers may also collaborate with other
7 hospital-based mammography facilities.

8 The Department shall establish a methodology to remind
9 women who are age-appropriate for screening mammography, but
10 who have not received a mammogram within the previous 18
11 months, of the importance and benefit of screening mammography.

12 The Department shall establish a performance goal for
13 primary care providers with respect to their female patients
14 over age 40 receiving an annual mammogram. This performance
15 goal shall be used to provide additional reimbursement in the
16 form of a quality performance bonus to primary care providers
17 who meet that goal.

18 The Department shall devise a means of case-managing or
19 patient navigation for beneficiaries diagnosed with breast
20 cancer. This program shall initially operate as a pilot program
21 in areas of the State with the highest incidence of mortality
22 related to breast cancer. At least one pilot program site shall
23 be in the metropolitan Chicago area and at least one site shall
24 be outside the metropolitan Chicago area. An evaluation of the
25 pilot program shall be carried out measuring health outcomes
26 and cost of care for those served by the pilot program compared

1 to similarly situated patients who are not served by the pilot
2 program.

3 Any medical or health care provider shall immediately
4 recommend, to any pregnant woman who is being provided prenatal
5 services and is suspected of drug abuse or is addicted as
6 defined in the Alcoholism and Other Drug Abuse and Dependency
7 Act, referral to a local substance abuse treatment provider
8 licensed by the Department of Human Services or to a licensed
9 hospital which provides substance abuse treatment services.
10 The Department of Healthcare and Family Services shall assure
11 coverage for the cost of treatment of the drug abuse or
12 addiction for pregnant recipients in accordance with the
13 Illinois Medicaid Program in conjunction with the Department of
14 Human Services.

15 All medical providers providing medical assistance to
16 pregnant women under this Code shall receive information from
17 the Department on the availability of services under the Drug
18 Free Families with a Future or any comparable program providing
19 case management services for addicted women, including
20 information on appropriate referrals for other social services
21 that may be needed by addicted women in addition to treatment
22 for addiction.

23 The Illinois Department, in cooperation with the
24 Departments of Human Services (as successor to the Department
25 of Alcoholism and Substance Abuse) and Public Health, through a
26 public awareness campaign, may provide information concerning

1 treatment for alcoholism and drug abuse and addiction, prenatal
2 health care, and other pertinent programs directed at reducing
3 the number of drug-affected infants born to recipients of
4 medical assistance.

5 Neither the Department of Healthcare and Family Services
6 nor the Department of Human Services shall sanction the
7 recipient solely on the basis of her substance abuse.

8 The Illinois Department shall establish such regulations
9 governing the dispensing of health services under this Article
10 as it shall deem appropriate. The Department should seek the
11 advice of formal professional advisory committees appointed by
12 the Director of the Illinois Department for the purpose of
13 providing regular advice on policy and administrative matters,
14 information dissemination and educational activities for
15 medical and health care providers, and consistency in
16 procedures to the Illinois Department.

17 The Illinois Department may develop and contract with
18 Partnerships of medical providers to arrange medical services
19 for persons eligible under Section 5-2 of this Code.
20 Implementation of this Section may be by demonstration projects
21 in certain geographic areas. The Partnership shall be
22 represented by a sponsor organization. The Department, by rule,
23 shall develop qualifications for sponsors of Partnerships.
24 Nothing in this Section shall be construed to require that the
25 sponsor organization be a medical organization.

26 The sponsor must negotiate formal written contracts with

1 medical providers for physician services, inpatient and
2 outpatient hospital care, home health services, treatment for
3 alcoholism and substance abuse, and other services determined
4 necessary by the Illinois Department by rule for delivery by
5 Partnerships. Physician services must include prenatal and
6 obstetrical care. The Illinois Department shall reimburse
7 medical services delivered by Partnership providers to clients
8 in target areas according to provisions of this Article and the
9 Illinois Health Finance Reform Act, except that:

10 (1) Physicians participating in a Partnership and
11 providing certain services, which shall be determined by
12 the Illinois Department, to persons in areas covered by the
13 Partnership may receive an additional surcharge for such
14 services.

15 (2) The Department may elect to consider and negotiate
16 financial incentives to encourage the development of
17 Partnerships and the efficient delivery of medical care.

18 (3) Persons receiving medical services through
19 Partnerships may receive medical and case management
20 services above the level usually offered through the
21 medical assistance program.

22 Medical providers shall be required to meet certain
23 qualifications to participate in Partnerships to ensure the
24 delivery of high quality medical services. These
25 qualifications shall be determined by rule of the Illinois
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership
2 sponsors may prescribe reasonable additional qualifications
3 for participation by medical providers, only with the prior
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of
6 practitioners, hospitals, and other providers of medical
7 services by clients. In order to ensure patient freedom of
8 choice, the Illinois Department shall immediately promulgate
9 all rules and take all other necessary actions so that provided
10 services may be accessed from therapeutically certified
11 optometrists to the full extent of the Illinois Optometric
12 Practice Act of 1987 without discriminating between service
13 providers.

14 The Department shall apply for a waiver from the United
15 States Health Care Financing Administration to allow for the
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care
18 providers to maintain records that document the medical care
19 and services provided to recipients of Medical Assistance under
20 this Article. The Illinois Department shall require health care
21 providers to make available, when authorized by the patient, in
22 writing, the medical records in a timely fashion to other
23 health care providers who are treating or serving persons
24 eligible for Medical Assistance under this Article. All
25 dispensers of medical services shall be required to maintain
26 and retain business and professional records sufficient to

1 fully and accurately document the nature, scope, details and
2 receipt of the health care provided to persons eligible for
3 medical assistance under this Code, in accordance with
4 regulations promulgated by the Illinois Department. The rules
5 and regulations shall require that proof of the receipt of
6 prescription drugs, dentures, prosthetic devices and
7 eyeglasses by eligible persons under this Section accompany
8 each claim for reimbursement submitted by the dispenser of such
9 medical services. No such claims for reimbursement shall be
10 approved for payment by the Illinois Department without such
11 proof of receipt, unless the Illinois Department shall have put
12 into effect and shall be operating a system of post-payment
13 audit and review which shall, on a sampling basis, be deemed
14 adequate by the Illinois Department to assure that such drugs,
15 dentures, prosthetic devices and eyeglasses for which payment
16 is being made are actually being received by eligible
17 recipients. Within 90 days after the effective date of this
18 amendatory Act of 1984, the Illinois Department shall establish
19 a current list of acquisition costs for all prosthetic devices
20 and any other items recognized as medical equipment and
21 supplies reimbursable under this Article and shall update such
22 list on a quarterly basis, except that the acquisition costs of
23 all prescription drugs shall be updated no less frequently than
24 every 30 days as required by Section 5-5.12.

25 The rules and regulations of the Illinois Department shall
26 require that a written statement including the required opinion

1 of a physician shall accompany any claim for reimbursement for
2 abortions, or induced miscarriages or premature births. This
3 statement shall indicate what procedures were used in providing
4 such medical services.

5 The Illinois Department shall require all dispensers of
6 medical services, other than an individual practitioner or
7 group of practitioners, desiring to participate in the Medical
8 Assistance program established under this Article to disclose
9 all financial, beneficial, ownership, equity, surety or other
10 interests in any and all firms, corporations, partnerships,
11 associations, business enterprises, joint ventures, agencies,
12 institutions or other legal entities providing any form of
13 health care services in this State under this Article.

14 The Illinois Department may require that all dispensers of
15 medical services desiring to participate in the medical
16 assistance program established under this Article disclose,
17 under such terms and conditions as the Illinois Department may
18 by rule establish, all inquiries from clients and attorneys
19 regarding medical bills paid by the Illinois Department, which
20 inquiries could indicate potential existence of claims or liens
21 for the Illinois Department.

22 Enrollment of a vendor that provides non-emergency medical
23 transportation, defined by the Department by rule, shall be
24 conditional for 180 days. During that time, the Department of
25 Healthcare and Family Services may terminate the vendor's
26 eligibility to participate in the medical assistance program

1 without cause. That termination of eligibility is not subject
2 to the Department's hearing process.

3 The Illinois Department shall establish policies,
4 procedures, standards and criteria by rule for the acquisition,
5 repair and replacement of orthotic and prosthetic devices and
6 durable medical equipment. Such rules shall provide, but not be
7 limited to, the following services: (1) immediate repair or
8 replacement of such devices by recipients without medical
9 authorization; and (2) rental, lease, purchase or
10 lease-purchase of durable medical equipment in a
11 cost-effective manner, taking into consideration the
12 recipient's medical prognosis, the extent of the recipient's
13 needs, and the requirements and costs for maintaining such
14 equipment. Such rules shall enable a recipient to temporarily
15 acquire and use alternative or substitute devices or equipment
16 pending repairs or replacements of any device or equipment
17 previously authorized for such recipient by the Department.

18 The Department shall execute, relative to the nursing home
19 prescreening project, written inter-agency agreements with the
20 Department of Human Services and the Department on Aging, to
21 effect the following: (i) intake procedures and common
22 eligibility criteria for those persons who are receiving
23 non-institutional services; and (ii) the establishment and
24 development of non-institutional services in areas of the State
25 where they are not currently available or are undeveloped.

26 The Illinois Department shall develop and operate, in

1 cooperation with other State Departments and agencies and in
2 compliance with applicable federal laws and regulations,
3 appropriate and effective systems of health care evaluation and
4 programs for monitoring of utilization of health care services
5 and facilities, as it affects persons eligible for medical
6 assistance under this Code.

7 The Illinois Department shall report annually to the
8 General Assembly, no later than the second Friday in April of
9 1979 and each year thereafter, in regard to:

10 (a) actual statistics and trends in utilization of
11 medical services by public aid recipients;

12 (b) actual statistics and trends in the provision of
13 the various medical services by medical vendors;

14 (c) current rate structures and proposed changes in
15 those rate structures for the various medical vendors; and

16 (d) efforts at utilization review and control by the
17 Illinois Department.

18 The period covered by each report shall be the 3 years
19 ending on the June 30 prior to the report. The report shall
20 include suggested legislation for consideration by the General
21 Assembly. The filing of one copy of the report with the
22 Speaker, one copy with the Minority Leader and one copy with
23 the Clerk of the House of Representatives, one copy with the
24 President, one copy with the Minority Leader and one copy with
25 the Secretary of the Senate, one copy with the Legislative
26 Research Unit, and such additional copies with the State

1 Government Report Distribution Center for the General Assembly
2 as is required under paragraph (t) of Section 7 of the State
3 Library Act shall be deemed sufficient to comply with this
4 Section.

5 Rulemaking authority to implement this amendatory Act of
6 the 95th General Assembly, if any, is conditioned on the rules
7 being adopted in accordance with all provisions of the Illinois
8 Administrative Procedure Act and all rules and procedures of
9 the Joint Committee on Administrative Rules; any purported rule
10 not so adopted, for whatever reason, is unauthorized.

11 (Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)

12 Article 10. Breast Cancer Patients'

13 Access To Pain Relief

14 Section 10-5. The Illinois Insurance Code is amended by
15 adding Section 356g.5-1 as follows:

16 (215 ILCS 5/356g.5-1 new)

17 Sec. 356g.5-1. Breast cancer pain medication and therapy. A
18 group or individual policy of accident and health insurance or
19 managed care plan that is amended, delivered, issued, or
20 renewed after the effective date of this amendatory Act of the
21 95th General Assembly must provide coverage for all medically
22 necessary pain medication and pain therapy related to the
23 treatment of breast cancer on the same terms and conditions

1 that are generally applicable to coverage for other conditions.
2 For purposes of this Section, "pain therapy" means pain therapy
3 that is medically based and includes reasonably defined goals,
4 including, but not limited to, stabilizing or reducing pain,
5 with periodic evaluations of the efficacy of the pain therapy
6 against these goals. The provisions of this Section do not
7 apply to short-term travel, accident-only, limited, or
8 specified-disease policies, or to policies or contracts
9 designed for issuance to persons eligible for coverage under
10 Title XVIII of the Social Security Act, known as Medicare, or
11 any other similar coverage under State or federal governmental
12 plans.

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

19 Section 10-10. The State Employees Group Insurance Act of
20 1971 is amended by changing Section 6.11 as follows:

21 (5 ILCS 375/6.11)

22 (Text of Section before amendment by P.A. 95-958)

23 Sec. 6.11. Required health benefits; Illinois Insurance
24 Code requirements. The program of health benefits shall provide

1 the post-mastectomy care benefits required to be covered by a
2 policy of accident and health insurance under Section 356t of
3 the Illinois Insurance Code. The program of health benefits
4 shall provide the coverage required under Sections 356g.5,
5 356g.5-1, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,
6 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
7 The program of health benefits must comply with Section 155.37
8 of the Illinois Insurance Code.

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

15 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
16 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
17 1-1-09; revised 10-15-08.)

18 (Text of Section after amendment by P.A. 95-958)

19 Sec. 6.11. Required health benefits; Illinois Insurance
20 Code requirements. The program of health benefits shall provide
21 the post-mastectomy care benefits required to be covered by a
22 policy of accident and health insurance under Section 356t of
23 the Illinois Insurance Code. The program of health benefits
24 shall provide the coverage required under Sections 356g.5,
25 356g.5-1, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,

1 356z.10, 356z.11, ~~and~~ 356z.12, and 356z.13 ~~356z.11~~ of the
2 Illinois Insurance Code. The program of health benefits must
3 comply with Section 155.37 of the Illinois Insurance Code.

4 Rulemaking authority to implement this amendatory Act of
5 the 95th General Assembly, if any, is conditioned on the rules
6 being adopted in accordance with all provisions of the Illinois
7 Administrative Procedure Act and all rules and procedures of
8 the Joint Committee on Administrative Rules; any purported rule
9 not so adopted, for whatever reason, is unauthorized.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
11 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
12 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

13 Section 10-15. The Counties Code is amended by changing
14 Section 5-1069.3 as follows:

15 (55 ILCS 5/5-1069.3)

16 (Text of Section before amendment by P.A. 95-958)

17 Sec. 5-1069.3. Required health benefits. If a county,
18 including a home rule county, is a self-insurer for purposes of
19 providing health insurance coverage for its employees, the
20 coverage shall include coverage for the post-mastectomy care
21 benefits required to be covered by a policy of accident and
22 health insurance under Section 356t and the coverage required
23 under Sections 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6,
24 356z.9, 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance

1 Code. The requirement that health benefits be covered as
2 provided in this Section is an exclusive power and function of
3 the State and is a denial and limitation under Article VII,
4 Section 6, subsection (h) of the Illinois Constitution. A home
5 rule county to which this Section applies must comply with
6 every provision of this Section.

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

13 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
14 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
15 1-1-09; revised 10-15-08.)

16 (Text of Section after amendment by P.A. 95-958)

17 Sec. 5-1069.3. Required health benefits. If a county,
18 including a home rule county, is a self-insurer for purposes of
19 providing health insurance coverage for its employees, the
20 coverage shall include coverage for the post-mastectomy care
21 benefits required to be covered by a policy of accident and
22 health insurance under Section 356t and the coverage required
23 under Sections 356g.5, 356g.5-1, 356u, 356w, 356x, 356z.6,
24 356z.9, 356z.10, 356z.11, ~~and 356z.12~~, and 356z.13 ~~356z.11~~ of
25 the Illinois Insurance Code. The requirement that health

1 benefits be covered as provided in this Section is an exclusive
2 power and function of the State and is a denial and limitation
3 under Article VII, Section 6, subsection (h) of the Illinois
4 Constitution. A home rule county to which this Section applies
5 must comply with every provision of this Section.

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

12 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
13 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
14 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

15 Section 10-20. 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 (Text of Section before amendment by P.A. 95-958)

19 Sec. 10-4-2.3. Required health benefits. If a
20 municipality, including a home rule municipality, is a
21 self-insurer for purposes of providing health insurance
22 coverage for its employees, the coverage shall include coverage
23 for the post-mastectomy care benefits required to be covered by
24 a policy of accident and health insurance under Section 356t

1 and the coverage required under Sections 356g.5, 356g.5-1,
2 356u, 356w, 356x, 356z.6, 356z.9, 356z.10, and 356z.13 ~~356z.11~~
3 of the Illinois Insurance Code. The requirement that health
4 benefits be covered as provided in this is an exclusive power
5 and function of the State and is a denial and limitation under
6 Article VII, Section 6, subsection (h) of the Illinois
7 Constitution. A home rule municipality to which this Section
8 applies must comply with every provision of this Section.

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

15 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
16 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
17 1-1-09; revised 10-15-08.)

18 (Text of Section after amendment by P.A. 95-958)

19 Sec. 10-4-2.3. Required health benefits. If a
20 municipality, including a home rule municipality, is a
21 self-insurer for purposes of providing health insurance
22 coverage for its employees, the coverage shall include coverage
23 for the post-mastectomy care benefits required to be covered by
24 a policy of accident and health insurance under Section 356t
25 and the coverage required under Sections 356g.5, 356g.5-1,

1 356u, 356w, 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~
2 356z.12, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
3 The requirement that health benefits be covered as provided in
4 this is an exclusive power and function of the State and is a
5 denial and limitation under Article VII, Section 6, subsection
6 (h) of the Illinois Constitution. A home rule municipality to
7 which this Section applies must comply with every provision of
8 this Section.

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

15 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
16 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
17 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

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

20 (105 ILCS 5/10-22.3f)

21 (Text of Section before amendment by P.A. 95-958)

22 Sec. 10-22.3f. Required health benefits. Insurance
23 protection and benefits for employees shall provide the
24 post-mastectomy care benefits required to be covered by a

1 policy of accident and health insurance under Section 356t and
2 the coverage required under Sections 356g.5, 356g.5-1, 356u,
3 356w, 356x, 356z.6, 356z.9, and 356z.13 ~~356z.11~~ of the Illinois
4 Insurance Code.

5 Rulemaking authority to implement this amendatory Act of
6 the 95th General Assembly, if any, is conditioned on the rules
7 being adopted in accordance with all provisions of the Illinois
8 Administrative Procedure Act and all rules and procedures of
9 the Joint Committee on Administrative Rules; any purported rule
10 not so adopted, for whatever reason, is unauthorized.

11 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
12 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised 10-15-08.)

13 (Text of Section after amendment by P.A. 95-958)

14 Sec. 10-22.3f. Required health benefits. Insurance
15 protection and benefits for employees shall provide the
16 post-mastectomy care benefits required to be covered by a
17 policy of accident and health insurance under Section 356t and
18 the coverage required under Sections 356g.5, 356g.5-1, 356u,
19 356w, 356x, 356z.6, 356z.9, 356z.11, ~~and~~ 356z.12, and 356z.13
20 ~~356z.11~~ of the Illinois Insurance Code.

21 Rulemaking authority to implement this amendatory Act of
22 the 95th General Assembly, if any, is conditioned on the rules
23 being adopted in accordance with all provisions of the Illinois
24 Administrative Procedure Act and all rules and procedures of
25 the Joint Committee on Administrative Rules; any purported rule

1 not so adopted, for whatever reason, is unauthorized.

2 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
3 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
4 revised 10-15-08.)

5 Section 10-30. The Health Maintenance Organization Act is
6 amended by changing Section 5-3 as follows:

7 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

8 (Text of Section before amendment by P.A. 95-958)

9 Sec. 5-3. Insurance Code provisions.

10 (a) Health Maintenance Organizations shall be subject to
11 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
12 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
13 154.6, 154.7, 154.8, 155.04, 355.2, 356g.5-1, 356m, 356v, 356w,
14 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
15 356z.10, 356z.13 ~~356z.11~~, 364.01, 367.2, 367.2-5, 367i, 368a,
16 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403, 403A, 408,
17 408.2, 409, 412, 444, and 444.1, paragraph (c) of subsection
18 (2) of Section 367, and Articles IIA, VIII 1/2, XII, XII 1/2,
19 XIII, XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.

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

24 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

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

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

10 (c) In considering the merger, consolidation, or other
11 acquisition of control of a Health Maintenance Organization
12 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

13 (1) the Director shall give primary consideration to
14 the continuation of benefits to enrollees and the financial
15 conditions of the acquired Health Maintenance Organization
16 after the merger, consolidation, or other acquisition of
17 control takes effect;

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

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

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

4 (B) pro forma financial statements reflecting the
5 combined balance sheets of the acquiring company and
6 the Health Maintenance Organization sought to be
7 acquired as of the end of the preceding year and as of
8 a date 90 days prior to the acquisition, as well as pro
9 forma financial statements reflecting projected
10 combined operation for a period of 2 years;

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

15 (D) such other information as the Director shall
16 require.

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

23 (e) In considering any management contract or service
24 agreement subject to Section 141.1 of the Illinois Insurance
25 Code, the Director (i) shall, in addition to the criteria
26 specified in Section 141.2 of the Illinois Insurance Code, take

1 into account the effect of the management contract or service
2 agreement on the continuation of benefits to enrollees and the
3 financial condition of the health maintenance organization to
4 be managed or serviced, and (ii) need not take into account the
5 effect of the management contract or service agreement on
6 competition.

7 (f) Except for small employer groups as defined in the
8 Small Employer Rating, Renewability and Portability Health
9 Insurance Act and except for medicare supplement policies as
10 defined in Section 363 of the Illinois Insurance Code, a Health
11 Maintenance Organization may by contract agree with a group or
12 other enrollment unit to effect refunds or charge additional
13 premiums under the following terms and conditions:

14 (i) the amount of, and other terms and conditions with
15 respect to, the refund or additional premium are set forth
16 in the group or enrollment unit contract agreed in advance
17 of the period for which a refund is to be paid or
18 additional premium is to be charged (which period shall not
19 be less than one year); and

20 (ii) the amount of the refund or additional premium
21 shall not exceed 20% of the Health Maintenance
22 Organization's profitable or unprofitable experience with
23 respect to the group or other enrollment unit for the
24 period (and, for purposes of a refund or additional
25 premium, the profitable or unprofitable experience shall
26 be calculated taking into account a pro rata share of the

1 Health Maintenance Organization's administrative and
2 marketing expenses, but shall not include any refund to be
3 made or additional premium to be paid pursuant to this
4 subsection (f)). The Health Maintenance Organization and
5 the group or enrollment unit may agree that the profitable
6 or unprofitable experience may be calculated taking into
7 account the refund period and the immediately preceding 2
8 plan years.

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

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

25 (g) Rulemaking authority to implement this amendatory Act
26 of the 95th General Assembly, if any, is conditioned on the

1 rules being adopted in accordance with all provisions of the
2 Illinois Administrative Procedure Act and all rules and
3 procedures of the Joint Committee on Administrative Rules; any
4 purported rule not so adopted, for whatever reason, is
5 unauthorized.

6 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
7 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
8 8-21-08; 95-978, eff. 1-1-09; revised 10-15-08.)

9 (Text of Section after amendment by P.A. 95-958)

10 Sec. 5-3. Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
13 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
14 154.6, 154.7, 154.8, 155.04, 355.2, 356g.5-1, 356m, 356v, 356w,
15 356x, 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9,
16 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~, 364.01, 367.2,
17 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1,
18 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph
19 (c) of subsection (2) of Section 367, and Articles IIA, VIII
20 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
21 Illinois Insurance Code.

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

1 (1) a corporation authorized under the Dental Service
2 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.

11 (c) In considering the merger, consolidation, or other
12 acquisition of control of a Health Maintenance Organization
13 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

14 (1) the Director shall give primary consideration to
15 the continuation of benefits to enrollees and the financial
16 conditions of the acquired Health Maintenance Organization
17 after the merger, consolidation, or other acquisition of
18 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 the

1 following information:

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

5 (B) pro forma financial statements reflecting the
6 combined balance sheets of the acquiring company and
7 the Health Maintenance Organization sought to be
8 acquired as of the end of the preceding year and as of
9 a date 90 days prior to the acquisition, as well as pro
10 forma financial statements reflecting projected
11 combined operation for a period of 2 years;

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

16 (D) such other information as the Director shall
17 require.

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

24 (e) In considering any management contract or service
25 agreement subject to Section 141.1 of the Illinois Insurance
26 Code, the Director (i) shall, in addition to the criteria

1 specified in Section 141.2 of the Illinois Insurance Code, take
2 into account the effect of the management contract or service
3 agreement on the continuation of benefits to enrollees and the
4 financial condition of the health maintenance organization to
5 be managed or serviced, and (ii) need not take into account the
6 effect of the management contract or service agreement on
7 competition.

8 (f) Except for small employer groups as defined in the
9 Small Employer Rating, Renewability and Portability Health
10 Insurance Act and except for medicare supplement policies as
11 defined in Section 363 of the Illinois Insurance Code, a Health
12 Maintenance Organization may by contract agree with a group or
13 other enrollment unit to effect refunds or charge additional
14 premiums under the following terms and conditions:

15 (i) the amount of, and other terms and conditions with
16 respect to, the refund or additional premium are set forth
17 in the group or enrollment unit contract agreed in advance
18 of the period for which a refund is to be paid or
19 additional premium is to be charged (which period shall not
20 be less than one year); and

21 (ii) the amount of the refund or additional premium
22 shall not exceed 20% of the Health Maintenance
23 Organization's profitable or unprofitable experience with
24 respect to the group or other enrollment unit for the
25 period (and, for purposes of a refund or additional
26 premium, the profitable or unprofitable experience shall

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

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

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

26 (g) Rulemaking authority to implement this amendatory Act

1 of the 95th General Assembly, if any, is conditioned on the
2 rules being adopted in accordance with all provisions of the
3 Illinois Administrative Procedure Act and all rules and
4 procedures of the Joint Committee on Administrative Rules; any
5 purported rule not so adopted, for whatever reason, is
6 unauthorized.

7 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
8 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
9 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; revised
10 10-15-08.)

11 Section 10-35. The Voluntary Health Services Plans Act is
12 amended by changing Section 10 as follows:

13 (215 ILCS 165/10) (from Ch. 32, par. 604)

14 (Text of Section before amendment by P.A. 95-958)

15 Sec. 10. Application of Insurance Code provisions. Health
16 services plan corporations and all persons interested therein
17 or dealing therewith shall be subject to the provisions of
18 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
19 149, 155.37, 354, 355.2, 356g.5, 356g.5-1, 356r, 356t, 356u,
20 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
21 356z.8, 356z.9, 356z.10, 356z.13 ~~356z.11~~, 364.01, 367.2, 368a,
22 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs
23 (7) and (15) of Section 367 of the Illinois Insurance Code.

24 Rulemaking authority to implement this amendatory Act of

1 the 95th General Assembly, if any, is conditioned on the rules
2 being adopted in accordance with all provisions of the Illinois
3 Administrative Procedure Act and all rules and procedures of
4 the Joint Committee on Administrative Rules; any purported rule
5 not so adopted, for whatever reason, is unauthorized.

6 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
7 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
8 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised
9 10-15-08.)

10 (Text of Section after amendment by P.A. 95-958)

11 Sec. 10. Application of Insurance Code provisions. Health
12 services plan corporations and all persons interested therein
13 or dealing therewith shall be subject to the provisions of
14 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
15 149, 155.37, 354, 355.2, 356g.5, 356g.5-1, 356r, 356t, 356u,
16 356v, 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
17 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~,
18 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
19 and 412, and paragraphs (7) and (15) of Section 367 of the
20 Illinois Insurance Code.

21 Rulemaking authority to implement this amendatory Act of
22 the 95th General Assembly, if any, is conditioned on the rules
23 being adopted in accordance with all provisions of the Illinois
24 Administrative Procedure Act and all rules and procedures of
25 the Joint Committee on Administrative Rules; any purported rule

1 not so adopted, for whatever reason, is unauthorized.

2 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
3 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
4 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
5 eff. 1-1-09; revised 10-15-08.)

6 Article 15. Reducing Financial Barriers To Mammography

7 Section 15-5. The Illinois Insurance Code is amended by
8 changing Section 356g as follows:

9 (215 ILCS 5/356g) (from Ch. 73, par. 968g)

10 Sec. 356g. Mammograms; mastectomies.

11 (a) Every insurer shall provide in each group or individual
12 policy, contract, or certificate of insurance issued or renewed
13 for persons who are residents of this State, coverage for
14 screening by low-dose mammography for all women 35 years of age
15 or older for the presence of occult breast cancer within the
16 provisions of the policy, contract, or certificate. The
17 coverage shall be as follows:

18 (1) A baseline mammogram for women 35 to 39 years of
19 age.

20 (2) An annual mammogram for women 40 years of age or
21 older.

22 (3) A mammogram at the age and intervals considered
23 medically necessary by the woman's health care provider for

1 women under 40 years of age and having a family history of
2 breast cancer, prior personal history of breast cancer,
3 positive genetic testing, or other risk factors.

4 (4) A comprehensive ultrasound screening of an entire
5 breast or breasts if a mammogram demonstrates
6 heterogeneous or dense breast tissue, when medically
7 necessary as determined by a physician licensed to practice
8 medicine in all of its branches.

9 ~~These benefits shall be at least as favorable as for other~~
10 ~~radiological examinations and subject to the same dollar~~
11 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
12 this Section, "low-dose mammography" means the x-ray
13 examination of the breast using equipment dedicated
14 specifically for mammography, including the x-ray tube,
15 filter, compression device, and image receptor, with radiation
16 exposure delivery of less than 1 rad per breast for 2 views of
17 an average size breast. The term also includes digital
18 mammography.

19 (a-5) Coverage as described by subsection (a) shall be
20 provided at no cost to the insured and shall not be applied to
21 an annual or lifetime maximum benefit.

22 (a-10) When health care services are available through
23 contracted providers and a person does not comply with plan
24 provisions specific to the use of contracted providers, the
25 requirements of subsection (a-5) are not applicable. When a
26 person does not comply with plan provisions specific to the use

1 of contracted providers, plan provisions specific to the use of
2 non-contracted providers must be applied without distinction
3 for coverage required by this Section and shall be at least as
4 favorable as for other radiological examinations covered by the
5 policy or contract.

6 (b) No policy of accident or health insurance that provides
7 for the surgical procedure known as a mastectomy shall be
8 issued, amended, delivered, or renewed in this State unless
9 that coverage also provides for prosthetic devices or
10 reconstructive surgery incident to the mastectomy. Coverage
11 for breast reconstruction in connection with a mastectomy shall
12 include:

13 (1) reconstruction of the breast upon which the
14 mastectomy has been performed;

15 (2) surgery and reconstruction of the other breast to
16 produce a symmetrical appearance; and

17 (3) prostheses and treatment for physical
18 complications at all stages of mastectomy, including
19 lymphedemas.

20 Care shall be determined in consultation with the attending
21 physician and the patient. The offered coverage for prosthetic
22 devices and reconstructive surgery shall be subject to the
23 deductible and coinsurance conditions applied to the
24 mastectomy, and all other terms and conditions applicable to
25 other benefits. When a mastectomy is performed and there is no
26 evidence of malignancy then the offered coverage may be limited

1 to the provision of prosthetic devices and reconstructive
2 surgery to within 2 years after the date of the mastectomy. As
3 used in this Section, "mastectomy" means the removal of all or
4 part of the breast for medically necessary reasons, as
5 determined by a licensed physician.

6 Written notice of the availability of coverage under this
7 Section shall be delivered to the insured upon enrollment and
8 annually thereafter. An insurer may not deny to an insured
9 eligibility, or continued eligibility, to enroll or to renew
10 coverage under the terms of the plan solely for the purpose of
11 avoiding the requirements of this Section. An insurer may not
12 penalize or reduce or limit the reimbursement of an attending
13 provider or provide incentives (monetary or otherwise) to an
14 attending provider to induce the provider to provide care to an
15 insured in a manner inconsistent with this Section.

16 (c) Rulemaking authority to implement this amendatory Act
17 of the 95th General Assembly, if any, is conditioned on the
18 rules being adopted in accordance with all provisions of the
19 Illinois Administrative Procedure Act and all rules and
20 procedures of the Joint Committee on Administrative Rules; any
21 purported rule not so adopted, for whatever reason, is
22 unauthorized.

23 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07.)

24 Section 15-10. The State Employees Group Insurance Act of
25 1971 is amended by changing Section 6.11 as follows:

1 (5 ILCS 375/6.11)

2 (Text of Section before amendment by P.A. 95-958)

3 Sec. 6.11. Required health benefits; Illinois Insurance
4 Code requirements. The program of health benefits shall provide
5 the post-mastectomy care benefits required to be covered by a
6 policy of accident and health insurance under Section 356t of
7 the Illinois Insurance Code. The program of health benefits
8 shall provide the coverage required under Sections 356g,
9 356g.5, 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9,
10 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
11 The program of health benefits must comply with Section 155.37
12 of the Illinois Insurance Code.

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

19 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
20 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
21 1-1-09; revised 10-15-08.)

22 (Text of Section after amendment by P.A. 95-958)

23 Sec. 6.11. Required health benefits; Illinois Insurance
24 Code requirements. The program of health benefits shall provide

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

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

15 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
16 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
17 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

18 Section 15-15. The Counties Code is amended by changing
19 Sections 5-1069 and 5-1069.3 as follows:

20 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

21 Sec. 5-1069. Group life, health, accident, hospital, and
22 medical insurance.

23 (a) The county board of any county may arrange to provide,
24 for the benefit of employees of the county, group life, health,

1 accident, hospital, and medical insurance, or any one or any
2 combination of those types of insurance, or the county board
3 may self-insure, for the benefit of its employees, all or a
4 portion of the employees' group life, health, accident,
5 hospital, and medical insurance, or any one or any combination
6 of those types of insurance, including a combination of
7 self-insurance and other types of insurance authorized by this
8 Section, provided that the county board complies with all other
9 requirements of this Section. The insurance may include
10 provision for employees who rely on treatment by prayer or
11 spiritual means alone for healing in accordance with the tenets
12 and practice of a well recognized religious denomination. The
13 county board may provide for payment by the county of a portion
14 or all of the premium or charge for the insurance with the
15 employee paying the balance of the premium or charge, if any.
16 If the county board undertakes a plan under which the county
17 pays only a portion of the premium or charge, the county board
18 shall provide for withholding and deducting from the
19 compensation of those employees who consent to join the plan
20 the balance of the premium or charge for the insurance.

21 (b) If the county board does not provide for self-insurance
22 or for a plan under which the county pays a portion or all of
23 the premium or charge for a group insurance plan, the county
24 board may provide for withholding and deducting from the
25 compensation of those employees who consent thereto the total
26 premium or charge for any group life, health, accident,

1 hospital, and medical insurance.

2 (c) The county board may exercise the powers granted in
3 this Section only if it provides for self-insurance or, where
4 it makes arrangements to provide group insurance through an
5 insurance carrier, if the kinds of group insurance are obtained
6 from an insurance company authorized to do business in the
7 State of Illinois. The county board may enact an ordinance
8 prescribing the method of operation of the insurance program.

9 (d) If a county, including a home rule county, is a
10 self-insurer for purposes of providing health insurance
11 coverage for its employees, the insurance coverage shall
12 include screening by low-dose mammography for all women 35
13 years of age or older for the presence of occult breast cancer
14 unless the county elects to provide mammograms itself under
15 Section 5-1069.1. The coverage shall be as follows:

16 (1) A baseline mammogram for women 35 to 39 years of
17 age.

18 (2) An annual mammogram for women 40 years of age or
19 older.

20 (3) A mammogram at the age and intervals considered
21 medically necessary by the woman's health care provider for
22 women under 40 years of age and having a family history of
23 breast cancer, prior personal history of breast cancer,
24 positive genetic testing, or other risk factors.

25 (4) A comprehensive ultrasound screening of an entire
26 breast or breasts if a mammogram demonstrates

1 heterogeneous or dense breast tissue, when medically
2 necessary as determined by a physician licensed to practice
3 medicine in all of its branches.

4 ~~Those benefits shall be at least as favorable as for other~~
5 ~~radiological examinations and subject to the same dollar~~
6 ~~limits, deductibles, and co insurance factors.~~ For purposes of
7 this subsection, "low-dose mammography" means the x-ray
8 examination of the breast using equipment dedicated
9 specifically for mammography, including the x-ray tube,
10 filter, compression device, ~~screens,~~ and image receptor
11 ~~receptors,~~ with an average radiation exposure delivery of less
12 than one rad per breast for mid-breast, with 2 views of an
13 average size for each breast. The term also includes digital
14 mammography.

15 (d-5) Coverage as described by subsection (d) shall be
16 provided at no cost to the insured and shall not be applied to
17 an annual or lifetime maximum benefit.

18 (d-10) When health care services are available through
19 contracted providers and a person does not comply with plan
20 provisions specific to the use of contracted providers, the
21 requirements of subsection (d-5) are not applicable. When a
22 person does not comply with plan provisions specific to the use
23 of contracted providers, plan provisions specific to the use of
24 non-contracted providers must be applied without distinction
25 for coverage required by this Section and shall be at least as
26 favorable as for other radiological examinations covered by the

1 policy or contract.

2 (d-15) If a county, including a home rule county, is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, the insurance coverage shall
5 include mastectomy coverage, which includes coverage for
6 prosthetic devices or reconstructive surgery incident to the
7 mastectomy. Coverage for breast reconstruction in connection
8 with a mastectomy shall include:

9 (1) reconstruction of the breast upon which the
10 mastectomy has been performed;

11 (2) surgery and reconstruction of the other breast to
12 produce a symmetrical appearance; and

13 (3) prostheses and treatment for physical
14 complications at all stages of mastectomy, including
15 lymphedemas.

16 Care shall be determined in consultation with the attending
17 physician and the patient. The offered coverage for prosthetic
18 devices and reconstructive surgery shall be subject to the
19 deductible and coinsurance conditions applied to the
20 mastectomy, and all other terms and conditions applicable to
21 other benefits. When a mastectomy is performed and there is no
22 evidence of malignancy then the offered coverage may be limited
23 to the provision of prosthetic devices and reconstructive
24 surgery to within 2 years after the date of the mastectomy. As
25 used in this Section, "mastectomy" means the removal of all or
26 part of the breast for medically necessary reasons, as

1 determined by a licensed physician.

2 A county, including a home rule county, that is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, may not penalize or reduce or limit
5 the reimbursement of an attending provider or provide
6 incentives (monetary or otherwise) to an attending provider to
7 induce the provider to provide care to an insured in a manner
8 inconsistent with this Section.

9 (d-20) The requirement that mammograms be included in
10 health insurance coverage as provided in subsections ~~this~~
11 ~~subsection~~ (d) through (d-15) is an exclusive power and
12 function of the State and is a denial and limitation under
13 Article VII, Section 6, subsection (h) of the Illinois
14 Constitution of home rule county powers. A home rule county to
15 which subsections (d) through (d-15) apply ~~this subsection~~
16 ~~applies~~ must comply with every provision of those subsections
17 ~~this subsection.~~

18 (e) The term "employees" as used in this Section includes
19 elected or appointed officials but does not include temporary
20 employees.

21 (f) The county board may, by ordinance, arrange to provide
22 group life, health, accident, hospital, and medical insurance,
23 or any one or a combination of those types of insurance, under
24 this Section to retired former employees and retired former
25 elected or appointed officials of the county.

26 (g) Rulemaking authority to implement this amendatory Act

1 of the 95th General Assembly, if any, is conditioned on the
2 rules being adopted in accordance with all provisions of the
3 Illinois Administrative Procedure Act and all rules and
4 procedures of the Joint Committee on Administrative Rules; any
5 purported rule not so adopted, for whatever reason, is
6 unauthorized.

7 (Source: P.A. 90-7, eff. 6-10-97; 91-217, eff. 1-1-00.)

8 (55 ILCS 5/5-1069.3)

9 (Text of Section before amendment by P.A. 95-958)

10 Sec. 5-1069.3. Required health benefits. If a county,
11 including a home rule county, is a self-insurer for purposes of
12 providing health insurance coverage for its employees, the
13 coverage shall include coverage for the post-mastectomy care
14 benefits required to be covered by a policy of accident and
15 health insurance under Section 356t and the coverage required
16 under Sections 356g, 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
17 356z.10, and 356z.13 ~~356z.11~~ of the Illinois Insurance Code.
18 The requirement that health benefits be covered as provided in
19 this Section is an exclusive power and function of the State
20 and is a denial and limitation under Article VII, Section 6,
21 subsection (h) of the Illinois Constitution. A home rule county
22 to which this Section applies must comply with every provision
23 of this Section.

24 Rulemaking authority to implement this amendatory Act of
25 the 95th General Assembly, if any, is conditioned on the rules

1 being adopted in accordance with all provisions of the Illinois
2 Administrative Procedure Act and all rules and procedures of
3 the Joint Committee on Administrative Rules; any purported rule
4 not so adopted, for whatever reason, is unauthorized.

5 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
6 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
7 1-1-09; revised 10-15-08.)

8 (Text of Section after amendment by P.A. 95-958)

9 Sec. 5-1069.3. Required health benefits. If a county,
10 including a home rule county, is a self-insurer for purposes of
11 providing health insurance coverage for its employees, the
12 coverage shall include coverage for the post-mastectomy care
13 benefits required to be covered by a policy of accident and
14 health insurance under Section 356t and the coverage required
15 under Sections 356g, 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
16 356z.10, 356z.11, ~~and 356z.12~~, and 356z.13 ~~356z.11~~ of the
17 Illinois Insurance Code. The requirement that health benefits
18 be covered as provided in this Section is an exclusive power
19 and function of the State and is a denial and limitation under
20 Article VII, Section 6, subsection (h) of the Illinois
21 Constitution. A home rule county to which this Section applies
22 must comply with every provision of this Section.

23 Rulemaking authority to implement this amendatory Act of
24 the 95th General Assembly, if any, is conditioned on the rules
25 being adopted in accordance with all provisions of the Illinois

1 Administrative Procedure Act and all rules and procedures of
2 the Joint Committee on Administrative Rules; any purported rule
3 not so adopted, for whatever reason, is unauthorized.

4 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
5 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
6 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

7 Section 15-20. The Illinois Municipal Code is amended by
8 changing Sections 10-4-2 and 10-4-2.3 as follows:

9 (65 ILCS 5/10-4-2) (from Ch. 24, par. 10-4-2)

10 Sec. 10-4-2. Group insurance.

11 (a) The corporate authorities of any municipality may
12 arrange to provide, for the benefit of employees of the
13 municipality, group life, health, accident, hospital, and
14 medical insurance, or any one or any combination of those types
15 of insurance, and may arrange to provide that insurance for the
16 benefit of the spouses or dependents of those employees. The
17 insurance may include provision for employees or other insured
18 persons who rely on treatment by prayer or spiritual means
19 alone for healing in accordance with the tenets and practice of
20 a well recognized religious denomination. The corporate
21 authorities may provide for payment by the municipality of a
22 portion of the premium or charge for the insurance with the
23 employee paying the balance of the premium or charge. If the
24 corporate authorities undertake a plan under which the

1 municipality pays a portion of the premium or charge, the
2 corporate authorities shall provide for withholding and
3 deducting from the compensation of those municipal employees
4 who consent to join the plan the balance of the premium or
5 charge for the insurance.

6 (b) If the corporate authorities do not provide for a plan
7 under which the municipality pays a portion of the premium or
8 charge for a group insurance plan, the corporate authorities
9 may provide for withholding and deducting from the compensation
10 of those employees who consent thereto the premium or charge
11 for any group life, health, accident, hospital, and medical
12 insurance.

13 (c) The corporate authorities may exercise the powers
14 granted in this Section only if the kinds of group insurance
15 are obtained from an insurance company authorized to do
16 business in the State of Illinois, or are obtained through an
17 intergovernmental joint self-insurance pool as authorized
18 under the Intergovernmental Cooperation Act. The corporate
19 authorities may enact an ordinance prescribing the method of
20 operation of the insurance program.

21 (d) If a municipality, including a home rule municipality,
22 is a self-insurer for purposes of providing health insurance
23 coverage for its employees, the insurance coverage shall
24 include screening by low-dose mammography for all women 35
25 years of age or older for the presence of occult breast cancer
26 unless the municipality elects to provide mammograms itself

1 under Section 10-4-2.1. The coverage shall be as follows:

2 (1) A baseline mammogram for women 35 to 39 years of
3 age.

4 (2) An annual mammogram for women 40 years of age or
5 older.

6 (3) A mammogram at the age and intervals considered
7 medically necessary by the woman's health care provider for
8 women under 40 years of age and having a family history of
9 breast cancer, prior personal history of breast cancer,
10 positive genetic testing, or other risk factors.

11 (4) A comprehensive ultrasound screening of an entire
12 breast or breasts if a mammogram demonstrates
13 heterogeneous or dense breast tissue, when medically
14 necessary as determined by a physician licensed to practice
15 medicine in all of its branches.

16 ~~Those benefits shall be at least as favorable as for other~~
17 ~~radiological examinations and subject to the same dollar~~
18 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
19 this subsection, "low-dose mammography" means the x-ray
20 examination of the breast using equipment dedicated
21 specifically for mammography, including the x-ray tube,
22 filter, compression device, ~~screens,~~ and image receptor
23 ~~receptors,~~ with an average radiation exposure delivery of less
24 than one rad per breast for mid-breast, with 2 views of an
25 average size ~~for each~~ breast. The term also includes digital
26 mammography.

1 (d-5) Coverage as described by subsection (d) shall be
2 provided at no cost to the insured and shall not be applied to
3 an annual or lifetime maximum benefit.

4 (d-10) When health care services are available through
5 contracted providers and a person does not comply with plan
6 provisions specific to the use of contracted providers, the
7 requirements of subsection (d-5) are not applicable. When a
8 person does not comply with plan provisions specific to the use
9 of contracted providers, plan provisions specific to the use of
10 non-contracted providers must be applied without distinction
11 for coverage required by this Section and shall be at least as
12 favorable as for other radiological examinations covered by the
13 policy or contract.

14 (d-15) If a municipality, including a home rule
15 municipality, is a self-insurer for purposes of providing
16 health insurance coverage for its employees, the insurance
17 coverage shall include mastectomy coverage, which includes
18 coverage for prosthetic devices or reconstructive surgery
19 incident to the mastectomy. Coverage for breast reconstruction
20 in connection with a mastectomy shall include:

21 (1) reconstruction of the breast upon which the
22 mastectomy has been performed;

23 (2) surgery and reconstruction of the other breast to
24 produce a symmetrical appearance; and

25 (3) prostheses and treatment for physical
26 complications at all stages of mastectomy, including

1 lymphedemas.

2 Care shall be determined in consultation with the attending
3 physician and the patient. The offered coverage for prosthetic
4 devices and reconstructive surgery shall be subject to the
5 deductible and coinsurance conditions applied to the
6 mastectomy, and all other terms and conditions applicable to
7 other benefits. When a mastectomy is performed and there is no
8 evidence of malignancy then the offered coverage may be limited
9 to the provision of prosthetic devices and reconstructive
10 surgery to within 2 years after the date of the mastectomy. As
11 used in this Section, "mastectomy" means the removal of all or
12 part of the breast for medically necessary reasons, as
13 determined by a licensed physician.

14 A municipality, including a home rule municipality, that is
15 a self-insurer for purposes of providing health insurance
16 coverage for its employees, may not penalize or reduce or limit
17 the reimbursement of an attending provider or provide
18 incentives (monetary or otherwise) to an attending provider to
19 induce the provider to provide care to an insured in a manner
20 inconsistent with this Section.

21 (d-20) The requirement that mammograms be included in
22 health insurance coverage as provided in subsections ~~this~~
23 ~~subsection~~ (d) through (d-15) is an exclusive power and
24 function of the State and is a denial and limitation under
25 Article VII, Section 6, subsection (h) of the Illinois
26 Constitution of home rule municipality powers. A home rule

1 municipality to which subsections (d) through (d-15) apply ~~this~~
2 ~~subsection applies~~ must comply with every provision of through
3 subsections ~~this subsection~~.

4 (e) Rulemaking authority to implement this amendatory Act
5 of the 95th General Assembly, if any, is conditioned on the
6 rules being adopted in accordance with all provisions of the
7 Illinois Administrative Procedure Act and all rules and
8 procedures of the Joint Committee on Administrative Rules; any
9 purported rule not so adopted, for whatever reason, is
10 unauthorized.

11 (Source: P.A. 90-7, eff. 6-10-97; 91-160, eff. 1-1-00.)

12 (65 ILCS 5/10-4-2.3)

13 (Text of Section before amendment by P.A. 95-958)

14 Sec. 10-4-2.3. Required health benefits. If a
15 municipality, including a home rule municipality, is a
16 self-insurer for purposes of providing health insurance
17 coverage for its employees, the coverage shall include coverage
18 for the post-mastectomy care benefits required to be covered by
19 a policy of accident and health insurance under Section 356t
20 and the coverage required under Sections 356g, 356g.5, 356u,
21 356w, 356x, 356z.6, 356z.9, 356z.10, and 356z.13 ~~356z.11~~ of the
22 Illinois Insurance Code. The requirement that health benefits
23 be covered as provided in this is an exclusive power and
24 function of the State and is a denial and limitation under
25 Article VII, Section 6, subsection (h) of the Illinois

1 Constitution. A home rule municipality to which this Section
2 applies must comply with every provision of this Section.

3 Rulemaking authority to implement this amendatory Act of
4 the 95th General Assembly, if any, is conditioned on the rules
5 being adopted in accordance with all provisions of the Illinois
6 Administrative Procedure Act and all rules and procedures of
7 the Joint Committee on Administrative Rules; any purported rule
8 not so adopted, for whatever reason, is unauthorized.

9 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
10 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
11 1-1-09; revised 10-15-08.)

12 (Text of Section after amendment by P.A. 95-958)

13 Sec. 10-4-2.3. Required health benefits. If a
14 municipality, including a home rule municipality, is a
15 self-insurer for purposes of providing health insurance
16 coverage for its employees, the coverage shall include coverage
17 for the post-mastectomy care benefits required to be covered by
18 a policy of accident and health insurance under Section 356t
19 and the coverage required under Sections 356g, 356g.5, 356u,
20 356w, 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, and
21 356z.13 ~~356z.11~~ of the Illinois Insurance Code. The requirement
22 that health benefits be covered as provided in this is an
23 exclusive power and function of the State and is a denial and
24 limitation under Article VII, Section 6, subsection (h) of the
25 Illinois Constitution. A home rule municipality to which this

1 Section applies must comply with every provision of this
2 Section.

3 Rulemaking authority to implement this amendatory Act of
4 the 95th General Assembly, if any, is conditioned on the rules
5 being adopted in accordance with all provisions of the Illinois
6 Administrative Procedure Act and all rules and procedures of
7 the Joint Committee on Administrative Rules; any purported rule
8 not so adopted, for whatever reason, is unauthorized.

9 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
10 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
11 6-1-09; 95-978, eff. 1-1-09; revised 10-15-08.)

12 Section 15-25. The School Code is amended by changing
13 Section 10-22.3f as follows:

14 (105 ILCS 5/10-22.3f)

15 (Text of Section before amendment by P.A. 95-958)

16 Sec. 10-22.3f. Required health benefits. Insurance
17 protection and benefits for employees shall provide the
18 post-mastectomy care benefits required to be covered by a
19 policy of accident and health insurance under Section 356t and
20 the coverage required under Sections 356g, 356g.5, 356u, 356w,
21 356x, 356z.6, 356z.9, and 356z.13 ~~356z.11~~ of the Illinois
22 Insurance Code.

23 Rulemaking authority to implement this amendatory Act of
24 the 95th General Assembly, if any, is conditioned on the rules

1 being adopted in accordance with all provisions of the Illinois
2 Administrative Procedure Act and all rules and procedures of
3 the Joint Committee on Administrative Rules; any purported rule
4 not so adopted, for whatever reason, is unauthorized.

5 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
6 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised 10-15-08.)

7 (Text of Section after amendment by P.A. 95-958)

8 Sec. 10-22.3f. Required health benefits. Insurance
9 protection and benefits for employees shall provide the
10 post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t and
12 the coverage required under Sections 356g, 356g.5, 356u, 356w,
13 356x, 356z.6, 356z.9, 356z.11, ~~and~~ 356z.12, and 356z.13 ~~356z.11~~
14 of the Illinois Insurance Code.

15 Rulemaking authority to implement this amendatory Act of
16 the 95th General Assembly, if any, is conditioned on the rules
17 being adopted in accordance with all provisions of the Illinois
18 Administrative Procedure Act and all rules and procedures of
19 the Joint Committee on Administrative Rules; any purported rule
20 not so adopted, for whatever reason, is unauthorized.

21 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
22 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
23 revised 10-15-08.)

24 Section 15-30. The Health Maintenance Organization Act is

1 amended by changing Section 4-6.1 as follows:

2 (215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7)

3 Sec. 4-6.1. Mammograms; mastectomies.

4 (a) Every contract or evidence of coverage issued by a
5 Health Maintenance Organization for persons who are residents
6 of this State shall contain coverage for screening by low-dose
7 mammography for all women 35 years of age or older for the
8 presence of occult breast cancer. The coverage shall be as
9 follows:

10 (1) A baseline mammogram for women 35 to 39 years of
11 age.

12 (2) An annual mammogram for women 40 years of age or
13 older.

14 (3) A mammogram at the age and intervals considered
15 medically necessary by the woman's health care provider for
16 women under 40 years of age and having a family history of
17 breast cancer, prior personal history of breast cancer,
18 positive genetic testing, or other risk factors.

19 (4) A comprehensive ultrasound screening of an entire
20 breast or breasts if a mammogram demonstrates
21 heterogeneous or dense breast tissue, when medically
22 necessary as determined by a physician licensed to practice
23 medicine in all of its branches.

24 ~~These benefits shall be at least as favorable as for other~~
25 ~~radiological examinations and subject to the same dollar~~

1 ~~limits, deductibles, and co-insurance factors.~~ For purposes of
2 this Section, "low-dose mammography" means the x-ray
3 examination of the breast using equipment dedicated
4 specifically for mammography, including the x-ray tube,
5 filter, compression device, and image receptor, with radiation
6 exposure delivery of less than 1 rad per breast for 2 views of
7 an average size breast. The term also includes digital
8 mammography.

9 (a-5) Coverage as described in subsection (a) shall be
10 provided at no cost to the enrollee and shall not be applied to
11 an annual or lifetime maximum benefit.

12 (b) No contract or evidence of coverage issued by a health
13 maintenance organization that provides for the surgical
14 procedure known as a mastectomy shall be issued, amended,
15 delivered, or renewed in this State on or after the effective
16 date of this amendatory Act of the 92nd General Assembly unless
17 that coverage also provides for prosthetic devices or
18 reconstructive surgery incident to the mastectomy, providing
19 that the mastectomy is performed after the effective date of
20 this amendatory Act. Coverage for breast reconstruction in
21 connection with a mastectomy shall include:

22 (1) reconstruction of the breast upon which the
23 mastectomy has been performed;

24 (2) surgery and reconstruction of the other breast to
25 produce a symmetrical appearance; and

26 (3) prostheses and treatment for physical

1 complications at all stages of mastectomy, including
2 lymphedemas.

3 Care shall be determined in consultation with the attending
4 physician and the patient. The offered coverage for prosthetic
5 devices and reconstructive surgery shall be subject to the
6 deductible and coinsurance conditions applied to the
7 mastectomy and all other terms and conditions applicable to
8 other benefits. When a mastectomy is performed and there is no
9 evidence of malignancy, then the offered coverage may be
10 limited to the provision of prosthetic devices and
11 reconstructive surgery to within 2 years after the date of the
12 mastectomy. As used in this Section, "mastectomy" means the
13 removal of all or part of the breast for medically necessary
14 reasons, as determined by a licensed physician.

15 Written notice of the availability of coverage under this
16 Section shall be delivered to the enrollee upon enrollment and
17 annually thereafter. A health maintenance organization may not
18 deny to an enrollee eligibility, or continued eligibility, to
19 enroll or to renew coverage under the terms of the plan solely
20 for the purpose of avoiding the requirements of this Section. A
21 health maintenance organization may not penalize or reduce or
22 limit the reimbursement of an attending provider or provide
23 incentives (monetary or otherwise) to an attending provider to
24 induce the provider to provide care to an insured in a manner
25 inconsistent with this Section.

26 (c) Rulemaking authority to implement this amendatory Act

1 of the 95th General Assembly, if any, is conditioned on the
2 rules being adopted in accordance with all provisions of the
3 Illinois Administrative Procedure Act and all rules and
4 procedures of the Joint Committee on Administrative Rules; any
5 purported rule not so adopted, for whatever reason, is
6 unauthorized.

7 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07.)

8 Section 15-35. The Voluntary Health Services Plans Act is
9 amended by changing Section 10 as follows:

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

11 (Text of Section before amendment by P.A. 95-958)

12 Sec. 10. Application of Insurance Code provisions. Health
13 services plan corporations and all persons interested therein
14 or dealing therewith shall be subject to the provisions of
15 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
16 149, 155.37, 354, 355.2, 356g, 356g.5, 356r, 356t, 356u, 356v,
17 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
18 356z.8, 356z.9, 356z.10, 356z.13 ~~356z.11~~, 364.01, 367.2, 368a,
19 401, 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs
20 (7) and (15) of Section 367 of the Illinois Insurance Code.

21 Rulemaking authority to implement this amendatory Act of
22 the 95th General Assembly, if any, is conditioned on the rules
23 being adopted in accordance with all provisions of the Illinois
24 Administrative Procedure Act and all rules and procedures of

1 the Joint Committee on Administrative Rules; any purported rule
2 not so adopted, for whatever reason, is unauthorized.

3 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
4 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
5 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; revised
6 10-15-08.)

7 (Text of Section after amendment by P.A. 95-958)

8 Sec. 10. Application of Insurance Code provisions. Health
9 services plan corporations and all persons interested therein
10 or dealing therewith shall be subject to the provisions of
11 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
12 149, 155.37, 354, 355.2, 356g, 356g.5, 356r, 356t, 356u, 356v,
13 356w, 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
14 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~,
15 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2,
16 and 412, and paragraphs (7) and (15) of Section 367 of the
17 Illinois Insurance Code.

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

24 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
25 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.

1 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
2 eff. 1-1-09; revised 10-15-08.)

3 Article 90.

4 Section 90-95. No acceleration or delay. Where this Act
5 makes changes in a statute that is represented in this Act by
6 text that is not yet or no longer in effect (for example, a
7 Section represented by multiple versions), the use of that text
8 does not accelerate or delay the taking effect of (i) the
9 changes made by this Act or (ii) provisions derived from any
10 other Public Act.

11 Section 90-99. Effective date. This Act takes effect upon
12 becoming law."