

AN ACT concerning regulation.

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

Section 5. The State Employees Group Insurance Act of 1971 is amended by changing Section 6.11 as follows:

(5 ILCS 375/6.11)

Sec. 6.11. Required health benefits; Illinois Insurance Code requirements. The program of health benefits shall provide the post-mastectomy care benefits required to be covered by a policy of accident and health insurance under Section 356t of the Illinois Insurance Code. The program of health benefits shall provide the coverage required under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70 of the Illinois Insurance Code. The program of health benefits must comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance Code. The program of health benefits shall

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

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

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

Section 10. The Illinois Insurance Code is amended by changing Section 356z.5 as follows:

(215 ILCS 5/356z.5)

Sec. 356z.5. Prescription inhalants.

(a) In this Section, "prescription inhaler" means a prescribed medical device that delivers inhaled medications used to treat breathing for persons suffering from asthma or other life-threatening bronchial ailments. "Prescription inhaler" includes metered-dose inhalers, nebulizers, and dry powder inhalers. "Prescription inhaler" does not include inhalers available over the counter without a prescription to provide temporary relief from respiratory symptoms.

(b) A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed through December 31, 2025 ~~after the effective date of this amendatory Act of the 93rd General Assembly~~ that provides coverage for prescription drugs may not deny or limit coverage for prescription inhalers ~~inhalants~~ to enable persons to breathe when suffering from asthma or other life-threatening bronchial ailments based upon any restriction on the number of days before an inhaler refill may be obtained if, contrary to those restrictions, the inhalants have been ordered or prescribed by the treating physician and are medically appropriate.

(c) A group or individual policy of accident and health insurance or managed care plan amended, delivered, issued, or renewed on or after January 1, 2026 that provides coverage for

prescription drugs may not deny or limit, except as otherwise provided in this subsection, coverage for prescription inhalers to enable persons to breathe when suffering from asthma or other life-threatening bronchial ailments based upon any restriction on the number of days before an inhaler refill may be obtained if, contrary to those restrictions, the inhalants have been ordered or prescribed by the treating physician and are medically appropriate. A group or individual policy of accident and health insurance or managed care plan subject to this subsection shall limit the total amount that a covered person is required to pay for a covered prescription inhaler to an amount not to exceed \$25 per 30-day supply.

(d) Nothing in this Section prevents a group or individual policy of accident and health insurance or managed care plan from reducing a covered person's cost sharing to an amount less than the amount specified in subsection (c).

(e) Coverage for prescription inhalers shall not be subject to any deductible; except that this provision does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code (26 U.S.C. 223).

(f) The Department may adopt rules necessary to implement and administer this Section and to align with federal requirements. The Department may use any of its enforcement powers to obtain a group or individual policy of accident and

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health insurance's or managed care plan's compliance with this
Section.

(Source: P.A. 95-331, eff. 8-21-07.)