



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB4112

by Rep. Margaret Croke

SYNOPSIS AS INTRODUCED:

| | |
|---------------------|--------------------------|
| 55 ILCS 5/5-1069.3 | |
| 65 ILCS 5/10-4-2.3 | |
| 105 ILCS 5/10-22.3f | |
| 215 ILCS 5/356m | from Ch. 73, par. 968m |
| 215 ILCS 130/4003 | from Ch. 73, par. 1504-3 |
| 215 ILCS 165/10 | from Ch. 32, par. 604 |
| 305 ILCS 5/5-16.8 | |

Amends the Illinois Insurance Code. Provides that no group policy of accident and health insurance providing coverage for more than 25 employees that provides pregnancy related benefits may be issued, amended, delivered, or renewed in this State on or after January 1, 2025 unless the policy contains coverage for the diagnosis and treatment of infertility. Requires such coverage to include procedures necessary to screen or diagnose a fertilized egg before implantation. Provides that coverage for in vitro fertilization, gamete intrafallopian tube transfer, or zygote intrafallopian tube transfer shall be required only if the procedures: (1) are considered medically appropriate based on clinical guidelines or standards developed by the American Society for Reproductive Medicine, the American College of Obstetricians and Gynecologists, or the Society for Assisted Reproductive Technology; and (2) are performed at medical facilities or clinics that conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization or the American Society for Reproductive Medicine minimum standards for practices offering assisted reproductive technologies. Makes changes in the Counties Code, the Illinois Municipal Code, the School Code, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code to provide that infertility insurance must be included in health insurance coverage for employees. Effective immediately.

LRB103 33223 LNS 63031 b

1 AN ACT concerning regulation.

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

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

6 (55 ILCS 5/5-1069.3)

7 Sec. 5-1069.3. Required health benefits. If a county,
8 including a home rule county, is a self-insurer for purposes
9 of providing health insurance coverage for its employees, the
10 coverage shall include coverage for the post-mastectomy care
11 benefits required to be covered by a policy of accident and
12 health insurance under Section 356t and the coverage required
13 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w,
14 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
16 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36,
17 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
18 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
19 the Illinois Insurance Code. The coverage shall comply with
20 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
21 Insurance Code. The Department of Insurance shall enforce the
22 requirements of this Section. The requirement that health
23 benefits be covered as provided in this Section is an

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

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

12 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
13 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
14 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
15 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
16 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
17 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
18 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
19 102-1117, eff. 1-13-23.)

20 Section 10. The Illinois Municipal Code is amended by
21 changing Section 10-4-2.3 as follows:

22 (65 ILCS 5/10-4-2.3)

23 Sec. 10-4-2.3. Required health benefits. If a
24 municipality, including a home rule municipality, is a

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

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

1 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
2 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
3 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
4 eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22;
5 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff.
6 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816,
7 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
8 102-1117, eff. 1-13-23.)

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

11 (105 ILCS 5/10-22.3f)

12 Sec. 10-22.3f. Required health benefits. Insurance
13 protection and benefits for employees shall provide the
14 post-mastectomy care benefits required to be covered by a
15 policy of accident and health insurance under Section 356t and
16 the coverage required under Sections 356g, 356g.5, 356g.5-1,
17 356m, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
18 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
19 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
20 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
21 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, and 356z.60 of
22 the Illinois Insurance Code. Insurance policies shall comply
23 with Section 356z.19 of the Illinois Insurance Code. The
24 coverage shall comply with Sections 155.22a, 355b, and 370c of

1 the Illinois Insurance Code. The Department of Insurance shall
2 enforce the requirements of this Section.

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

9 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
10 101-393, eff. 1-1-20; 101-461, eff. 1-1-20; 101-625, eff.
11 1-1-21; 102-30, eff. 1-1-22; 102-103, eff. 1-1-22; 102-203,
12 eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff. 1-1-22;
13 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804, eff.
14 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
15 eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

16 Section 20. The Illinois Insurance Code is amended by
17 changing Section 356m as follows:

18 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

19 Sec. 356m. Infertility coverage.

20 (a) No group policy of accident and health insurance
21 providing coverage for more than 25 employees that provides
22 pregnancy related benefits may be issued, amended, delivered,
23 or renewed in this State after January 1, 2016 through
24 December 31, 2024 ~~the effective date of this amendatory Act of~~

1 ~~the 99th General Assembly~~ unless the policy contains coverage
2 for the diagnosis and treatment of infertility including, but
3 not limited to, in vitro fertilization, uterine embryo lavage,
4 embryo transfer, artificial insemination, gamete
5 intrafallopian tube transfer, zygote intrafallopian tube
6 transfer, and low tubal ovum transfer.

7 (a-5) No group policy of accident and health insurance
8 providing coverage for more than 25 employees that provides
9 pregnancy related benefits may be issued, amended, delivered,
10 or renewed in this State on or after January 1, 2025 unless the
11 policy contains coverage for the diagnosis and treatment of
12 infertility, including, but not limited to, in vitro
13 fertilization, uterine embryo lavage, embryo transfer,
14 artificial insemination, gamete intrafallopian tube transfer,
15 zygote intrafallopian tube transfer, and low tubal ovum
16 transfer. The coverage required shall include procedures
17 necessary to screen or diagnose a fertilized egg before
18 implantation, including, but not limited to, preimplantation
19 genetic diagnosis, preimplantation genetic screening, and
20 prenatal genetic diagnosis. Coverage for procedures for in
21 vitro fertilization, gamete intrafallopian tube transfer, or
22 zygote intrafallopian tube transfer shall be required only if
23 the procedures:

24 (1) are considered medically appropriate based on
25 clinical guidelines or standards developed by the American
26 Society for Reproductive Medicine, the American College of

1 Obstetricians and Gynecologists, or the Society for
2 Assisted Reproductive Technology; and

3 (2) are performed at medical facilities or clinics
4 that conform to the American College of Obstetricians and
5 Gynecologists guidelines for in vitro fertilization or the
6 American Society for Reproductive Medicine minimum
7 standards for practices offering assisted reproductive
8 technologies.

9 (b) The coverage required under subsection (a) for
10 procedures for in vitro fertilization, gamete intrafallopian
11 tube transfer, or zygote intrafallopian tube transfer shall be
12 required only if: is subject to the following conditions:

13 ~~(1) Coverage for procedures for in vitro~~
14 ~~fertilization, gamete intrafallopian tube transfer, or~~
15 ~~zygote intrafallopian tube transfer shall be required only~~
16 ~~if:~~

17 (1) (A) the covered individual has been unable to
18 attain a viable pregnancy, maintain a viable pregnancy, or
19 sustain a successful pregnancy through reasonable, less
20 costly medically appropriate infertility treatments for
21 which coverage is available under the policy, plan, or
22 contract;

23 (2) (B) the covered individual has not undergone 4
24 completed oocyte retrievals, except that if a live birth
25 follows a completed oocyte retrieval, then 2 more
26 completed oocyte retrievals shall be covered; and

1 (3) ~~(C)~~ the procedures are performed at medical
2 facilities that conform to the American College of
3 Obstetric and Gynecology guidelines for in vitro
4 fertilization clinics or to the American Fertility Society
5 minimal standards for programs of in vitro fertilization.

6 ~~(2) The procedures required to be covered under this~~
7 ~~Section are not required to be contained in any policy or~~
8 ~~plan issued to or by a religious institution or~~
9 ~~organization or to or by an entity sponsored by a~~
10 ~~religious institution or organization that finds the~~
11 ~~procedures required to be covered under this Section to~~
12 ~~violate its religious and moral teachings and beliefs.~~

13 (c) As used in this Section, "infertility" means a
14 disease, condition, or status characterized by:

15 (1) a failure to establish a pregnancy or to carry a
16 pregnancy to live birth after 12 months of regular,
17 unprotected sexual intercourse if the woman is 35 years of
18 age or younger, or after 6 months of regular, unprotected
19 sexual intercourse if the woman is over 35 years of age;
20 conceiving but having a miscarriage does not restart the
21 12-month or 6-month term for determining infertility;

22 (2) a person's inability to reproduce either as a
23 single individual or with a partner without medical
24 intervention; or

25 (3) a licensed physician's findings based on a
26 patient's medical, sexual, and reproductive history, age,

1 physical findings, or diagnostic testing.

2 (d) A policy, contract, or certificate may not impose any
3 exclusions, limitations, or other restrictions on coverage of
4 fertility medications that are different from those imposed on
5 any other prescription medications, nor may it impose any
6 exclusions, limitations, or other restrictions on coverage of
7 any fertility services based on a covered individual's
8 participation in fertility services provided by or to a third
9 party, nor may it impose deductibles, copayments, coinsurance,
10 benefit maximums, waiting periods, or any other limitations on
11 coverage for the diagnosis of infertility, treatment for
12 infertility, and standard fertility preservation services,
13 except as provided in this Section, that are different from
14 those imposed upon benefits for services not related to
15 infertility.

16 (e) The procedures required to be covered under this
17 Section are not required to be contained in any policy or plan
18 issued to or by a religious institution or organization or to
19 or by an entity sponsored by a religious institution or
20 organization that finds the procedures required to be covered
21 under this Section to violate its religious and moral
22 teachings and beliefs.

23 (Source: P.A. 102-170, eff. 1-1-22.)

24 Section 25. The Limited Health Service Organization Act is
25 amended by changing Section 4003 as follows:

1 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

2 Sec. 4003. Illinois Insurance Code provisions. Limited
3 health service organizations shall be subject to the
4 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
5 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
6 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 355.2, 355.3,
7 355b, 356m, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21,
8 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
9 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
10 356z.57, 356z.59, 364.3, 368a, 401, 401.1, 402, 403, 403A,
11 408, 408.2, 409, 412, 444, and 444.1 and Articles IIA, VIII
12 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the
13 Illinois Insurance Code. Nothing in this Section shall require
14 a limited health care plan to cover any service that is not a
15 limited health service. For purposes of the Illinois Insurance
16 Code, except for Sections 444 and 444.1 and Articles XIII and
17 XIII 1/2, limited health service organizations in the
18 following categories are deemed to be domestic companies:

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

20 (2) a corporation organized under the laws of another
21 state, 30% or more of the enrollees of which are residents
22 of this State, except a corporation subject to
23 substantially the same requirements in its state of
24 organization as is a domestic company under Article VIII
25 1/2 of the Illinois Insurance Code.

1 (Source: P.A. 101-81, eff. 7-12-19; 101-281, eff. 1-1-20;
2 101-393, eff. 1-1-20; 101-625, eff. 1-1-21; 102-30, eff.
3 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642,
4 eff. 1-1-22; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
5 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff.
6 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23.)

7 Section 30. The Voluntary Health Services Plans Act is
8 amended by changing Section 10 as follows:

9 (215 ILCS 165/10) (from Ch. 32, par. 604)

10 Sec. 10. Application of Insurance Code provisions. Health
11 services plan corporations and all persons interested therein
12 or dealing therewith shall be subject to the provisions of
13 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
14 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
15 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t, 356u, 356v,
16 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
17 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
18 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
19 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
20 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
21 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 364.01, 364.3,
22 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
23 and paragraphs (7) and (15) of Section 367 of the Illinois
24 Insurance Code.

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

7 (Source: P.A. 101-13, eff. 6-12-19; 101-81, eff. 7-12-19;
8 101-281, eff. 1-1-20; 101-393, eff. 1-1-20; 101-625, eff.
9 1-1-21; 102-30, eff. 1-1-22; 102-203, eff. 1-1-22; 102-306,
10 eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21;
11 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff.
12 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860,
13 eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23;
14 102-1117, eff. 1-13-23.)

15 Section 35. The Illinois Public Aid Code is amended by
16 changing Section 5-16.8 as follows:

17 (305 ILCS 5/5-16.8)

18 Sec. 5-16.8. Required health benefits. The medical
19 assistance program shall (i) provide the post-mastectomy care
20 benefits required to be covered by a policy of accident and
21 health insurance under Section 356t and the coverage required
22 under Sections 356g.5, 356m, 356q, 356u, 356w, 356x, 356z.6,
23 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
24 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, and 356z.60 of

1 the Illinois Insurance Code, (ii) be subject to the provisions
2 of Sections 356z.19, 356z.44, 356z.49, 364.01, 370c, and
3 370c.1 of the Illinois Insurance Code, and (iii) be subject to
4 the provisions of subsection (d-5) of Section 10 of the
5 Network Adequacy and Transparency Act.

6 The Department, by rule, shall adopt a model similar to
7 the requirements of Section 356z.39 of the Illinois Insurance
8 Code.

9 On and after July 1, 2012, the Department shall reduce any
10 rate of reimbursement for services or other payments or alter
11 any methodologies authorized by this Code to reduce any rate
12 of reimbursement for services or other payments in accordance
13 with Section 5-5e.

14 To ensure full access to the benefits set forth in this
15 Section, on and after January 1, 2016, the Department shall
16 ensure that provider and hospital reimbursement for
17 post-mastectomy care benefits required under this Section are
18 no lower than the Medicare reimbursement rate.

19 (Source: P.A. 101-81, eff. 7-12-19; 101-218, eff. 1-1-20;
20 101-281, eff. 1-1-20; 101-371, eff. 1-1-20; 101-574, eff.
21 1-1-20; 101-649, eff. 7-7-20; 102-30, eff. 1-1-22; 102-144,
22 eff. 1-1-22; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22;
23 102-530, eff. 1-1-22; 102-642, eff. 1-1-22; 102-804, eff.
24 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093,
25 eff. 1-1-23; 102-1117, eff. 1-13-23.)

26 Section 99. Effective date. This Act takes effect upon

1 becoming law.