



Rep. Margaret Croke

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LRB103 33223 MXP 69304 a

1 AMENDMENT TO HOUSE BILL 4112

2 AMENDMENT NO. _____. Amend House Bill 4112 by replacing
3 everything after the enacting clause with the following:

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

6 (5 ILCS 375/6.11B)

7 Sec. 6.11B. Infertility coverage.

8 (a) Beginning on January 1, 2024, the State Employees
9 Group Insurance Program shall provide coverage for the
10 diagnosis and treatment of infertility, including, but not
11 limited to, in vitro fertilization, uterine embryo lavage,
12 embryo transfer, artificial insemination, gamete
13 intrafallopian tube transfer, zygote intrafallopian tube
14 transfer, and low tubal ovum transfer. The coverage required
15 shall include procedures necessary to screen or diagnose a
16 fertilized egg before implantation, including, but not limited

1 to, preimplantation genetic diagnosis, preimplantation genetic
2 screening, and prenatal genetic diagnosis.

3 (b) Beginning on January 1, 2024, coverage under this
4 Section for procedures for in vitro fertilization, gamete
5 intrafallopian tube transfer, or zygote intrafallopian tube
6 transfer shall be required only if the procedures:

7 (1) are considered medically appropriate based on
8 clinical guidelines or standards developed by the American
9 Society for Reproductive Medicine, the American College of
10 Obstetricians and Gynecologists, or the Society for
11 Assisted Reproductive Technology; and

12 (2) are performed at medical facilities or clinics
13 that conform to the American College of Obstetricians and
14 Gynecologists guidelines for in vitro fertilization or the
15 American Society for Reproductive Medicine minimum
16 standards for practices offering assisted reproductive
17 technologies.

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

20 (1) a failure to establish a pregnancy or to carry a
21 pregnancy to live birth after 12 months of regular,
22 unprotected sexual intercourse if the woman is 35 years of
23 age or younger, or after 6 months of regular, unprotected
24 sexual intercourse if the woman is over 35 years of age;
25 conceiving but having a miscarriage does not restart the
26 12-month or 6-month term for determining infertility;

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

4 (3) a licensed physician's findings based on a
5 patient's medical, sexual, and reproductive history, age,
6 physical findings, or diagnostic testing.

7 (d) The State Employees Group Insurance Program may not
8 impose any exclusions, limitations, or other restrictions on
9 coverage of fertility medications that are different from
10 those imposed on any other prescription medications, nor may
11 it impose any exclusions, limitations, or other restrictions
12 on coverage of any fertility services based on a covered
13 individual's participation in fertility services provided by
14 or to a third party, nor may it impose deductibles,
15 copayments, coinsurance, benefit maximums, waiting periods, or
16 any other limitations on coverage for the diagnosis of
17 infertility, treatment for infertility, and standard fertility
18 preservation services, except as provided in this Section,
19 that are different from those imposed upon benefits for
20 services not related to infertility.

21 (e) This Section applies only to coverage provided on or
22 after January 1, 2024 and before January 1, 2026.

23 (f) This Section is repealed on January 1, 2026.

24 (Source: P.A. 103-8, eff. 1-1-24.)

25 Section 10. The Counties Code is amended by changing

1 Section 5-1069.3 as follows:

2 (55 ILCS 5/5-1069.3)

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

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

7 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
9 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
10 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
11 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
12 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
13 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
14 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
15 8-29-23.)

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

18 (65 ILCS 5/10-4-2.3)

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
23 coverage for the post-mastectomy care benefits required to be
24 covered by a policy of accident and health insurance under

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

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

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

1 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
2 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
3 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
4 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
5 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
6 8-29-23.)

7 Section 20. The School Code is amended by changing Section
8 10-22.3f as follows:

9 (105 ILCS 5/10-22.3f)

10 Sec. 10-22.3f. Required health benefits. Insurance
11 protection and benefits for employees shall provide the
12 post-mastectomy care benefits required to be covered by a
13 policy of accident and health insurance under Section 356t and
14 the coverage required under Sections 356g, 356g.5, 356g.5-1,
15 356m, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
16 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
17 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
18 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
19 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~
20 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70
21 of the Illinois Insurance Code. Insurance policies shall
22 comply with Section 356z.19 of the Illinois Insurance Code.
23 The coverage shall comply with Sections 155.22a, 355b, and
24 370c of the Illinois Insurance Code. The Department of

1 Insurance shall enforce the requirements of this Section.

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

8 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
9 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
10 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
11 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
12 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
13 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
14 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
15 103-551, eff. 8-11-23; revised 8-29-23.)

16 Section 25. 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, 2025 ~~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 that provides pregnancy related benefits may be issued,
9 amended, delivered, or renewed in this State on or after
10 January 1, 2026 unless the policy contains coverage for the
11 diagnosis and treatment of infertility, including, but not
12 limited to, in vitro fertilization, uterine embryo lavage,
13 embryo transfer, artificial insemination, gamete
14 intrafallopian tube transfer, zygote intrafallopian tube
15 transfer, and low tubal ovum transfer and procedures necessary
16 to screen or diagnose a fertilized egg before implantation,
17 including, but not limited to, preimplantation genetic
18 diagnosis, preimplantation genetic screening, and prenatal
19 genetic diagnosis. Coverage under this subsection for the
20 diagnosis and treatment of infertility shall be required only
21 if the procedures:

22 (1) are considered medically appropriate by the
23 patient's medical provider based on clinical guidelines or
24 standards developed by the American Society for
25 Reproductive Medicine, the American College of
26 Obstetricians and Gynecologists, or the Society for

1 Assisted Reproductive Technology; and

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

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

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

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

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

26 (3) (C) the procedures are performed at medical

1 facilities that conform to the American College of
2 Obstetric and Gynecology guidelines for in vitro
3 fertilization clinics or to the American Fertility Society
4 minimal standards for programs of in vitro fertilization.

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

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

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

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

24 (3) a licensed physician's findings based on a
25 patient's medical, sexual, and reproductive history, age,
26 physical findings, or diagnostic testing.

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

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

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

23 Section 30. The Limited Health Service Organization Act is
24 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, 155.49, 355.2,
7 355.3, 355b, 356m, 356q, 356v, 356z.4, 356z.4a, 356z.10,
8 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a,
9 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
10 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68,
11 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
12 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
13 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.
14 Nothing in this Section shall require a limited health care
15 plan to cover any service that is not a limited health service.
16 For purposes of the Illinois Insurance Code, except for
17 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited
18 health service organizations in the following categories are
19 deemed to be domestic companies:

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

21 (2) a corporation organized under the laws of another
22 state, 30% or more of the enrollees of which are residents
23 of this State, except a corporation subject to
24 substantially the same requirements in its state of
25 organization as is a domestic company under Article VIII
26 1/2 of the Illinois Insurance Code.

1 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
2 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
3 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
4 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
5 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
6 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
7 eff. 1-1-24; revised 8-29-23.)

8 Section 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 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, 136, 139, 140,
15 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
16 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t, 356u, 356v,
17 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
18 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
19 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
20 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
21 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
22 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,
23 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,
24 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)

1 and (15) of Section 367 of the Illinois Insurance Code.

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

8 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
9 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
10 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
11 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
12 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
13 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
14 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
15 103-551, eff. 8-11-23; revised 8-29-23.)

16 Section 40. The Illinois Public Aid Code is amended by
17 changing Section 5-16.8 as follows:

18 (305 ILCS 5/5-16.8)

19 Sec. 5-16.8. Required health benefits. The medical
20 assistance program shall (i) provide 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, 356m, 356q, 356u, 356w, 356x, 356z.6,
24 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,

1 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, 356z.60, ~~and~~
2 356z.61, 356z.64, and 356z.67 of the Illinois Insurance Code,
3 (ii) be subject to the provisions of Sections 356z.19,
4 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the Illinois
5 Insurance Code, and (iii) be subject to the provisions of
6 subsection (d-5) of Section 10 of the Network Adequacy and
7 Transparency Act.

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

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

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

21 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
22 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
23 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
24 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
25 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
26 1-1-24; 103-420, eff. 1-1-24; revised 12-15-23.)

1 Section 99. Effective date. This Act takes effect December
2 31, 2025."