

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, 356z.60, ~~and~~
19 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70
20 of the Illinois Insurance Code. The coverage shall comply with
21 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
22 Insurance Code. The Department of Insurance shall enforce the
23 requirements of this Section. The requirement that health

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

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

13 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
14 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
15 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
16 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
17 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
18 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
19 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
20 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
21 8-29-23.)

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

24 (65 ILCS 5/10-4-2.3)

1 Sec. 10-4-2.3. Required health benefits. If a
2 municipality, including a home rule municipality, is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, the coverage shall include
5 coverage for the post-mastectomy care benefits required to be
6 covered by a policy of accident and health insurance under
7 Section 356t and the coverage required under Sections 356g,
8 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x, 356z.4,
9 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
10 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
11 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
12 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
13 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62,
14 356z.64, 356z.67, 356z.68, and 356z.70 of the Illinois
15 Insurance Code. The coverage shall comply with Sections
16 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
17 Code. The Department of Insurance shall enforce the
18 requirements of this Section. The requirement that health
19 benefits be covered as provided in this is an exclusive power
20 and function of the State and is a denial and limitation under
21 Article VII, Section 6, subsection (h) of the Illinois
22 Constitution. A home rule municipality to which this Section
23 applies must comply with every provision of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if
25 any, is conditioned on the rules being adopted in accordance
26 with all provisions of the Illinois Administrative Procedure

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

4 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
6 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
7 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
8 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
9 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
10 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
11 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
12 8-29-23.)

13 Section 15. The School Code is amended by changing Section
14 10-22.3f as follows:

15 (105 ILCS 5/10-22.3f)

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, 356g.5-1,
21 356m, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
22 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
23 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
24 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,

1 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~
2 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70
3 of the Illinois Insurance Code. Insurance policies shall
4 comply with Section 356z.19 of the Illinois Insurance Code.
5 The coverage shall comply with Sections 155.22a, 355b, and
6 370c of the Illinois Insurance Code. The Department of
7 Insurance shall enforce the requirements of this Section.

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

14 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
15 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
16 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
17 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
18 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
19 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
20 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
21 103-551, eff. 8-11-23; revised 8-29-23.)

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

24 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

1 Sec. 356m. Infertility coverage.

2 (a) No group policy of accident and health insurance
3 providing coverage for more than 25 employees that provides
4 pregnancy-related ~~pregnancy-related~~ benefits may be issued,
5 amended, delivered, or renewed in this State after the
6 effective date of this amendatory Act of the 99th General
7 Assembly unless the policy contains coverage for the diagnosis
8 and treatment of infertility including, but not limited to, in
9 vitro fertilization, uterine embryo lavage, embryo transfer,
10 artificial insemination, gamete intrafallopian tube transfer,
11 zygote intrafallopian tube transfer, and low tubal ovum
12 transfer.

13 (b) The coverage required under subsection (a) is subject
14 to the following conditions:

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

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

25 (B) the covered individual has not undergone 4
26 completed oocyte retrievals, except that if a live

1 birth follows a completed oocyte retrieval, then 2
2 more completed oocyte retrievals shall be covered; and

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

9 (1.5) For a group policy of accident and health
10 insurance that provides pregnancy-related benefits that is
11 issued, amended, delivered, or renewed in this State after
12 January 1, 2026, if the requirements of paragraph (1) are
13 met or if the covered individual obtains, from a physician
14 licensed to practice medicine in all its branches, a
15 recommendation approving the covered individual to seek in
16 vitro fertilization, gamete intrafallopian tube transfer,
17 or zygote intrafallopian tube transfer based on any of the
18 following: (i) the covered individual's medical, sexual,
19 and reproductive history; (ii) the covered individual's
20 age; (iii) physical findings; or (iv) diagnostic testing,
21 then the procedure shall be covered without any other
22 restrictions or requirements.

23 (2) The procedures required to be covered under this
24 Section are not required to be contained in any policy or
25 plan issued to or by a religious institution or
26 organization or to or by an entity sponsored by a

1 religious institution or organization that finds the
2 procedures required to be covered under this Section to
3 violate its religious and moral teachings and beliefs.

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

6 (1) a failure to establish a pregnancy or to carry a
7 pregnancy to live birth after 12 months of regular,
8 unprotected sexual intercourse if the woman is 35 years of
9 age or younger, or after 6 months of regular, unprotected
10 sexual intercourse if the woman is over 35 years of age;
11 conceiving but having a miscarriage does not restart the
12 12-month or 6-month term for determining infertility;

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

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

19 (d) A policy, contract, or certificate may not impose any
20 exclusions, limitations, or other restrictions on coverage of
21 fertility medications that are different from those imposed on
22 any other prescription medications, nor may it impose any
23 exclusions, limitations, or other restrictions on coverage of
24 any fertility services based on a covered individual's
25 participation in fertility services provided by or to a third
26 party, nor may it impose deductibles, copayments, coinsurance,

1 benefit maximums, waiting periods, or any other limitations on
2 coverage for the diagnosis of infertility, treatment for
3 infertility, and standard fertility preservation services,
4 except as provided in this Section, that are different from
5 those imposed upon benefits for services not related to
6 infertility.

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

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

10 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

11 Sec. 4003. Illinois Insurance Code provisions. Limited
12 health service organizations shall be subject to the
13 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
14 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
15 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,
16 355.3, 355b, 356m, 356q, 356v, 356z.4, 356z.4a, 356z.10,
17 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a,
18 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
19 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68,
20 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
21 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
22 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.
23 Nothing in this Section shall require a limited health care
24 plan to cover any service that is not a limited health service.

1 For purposes of the Illinois Insurance Code, except for
2 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited
3 health service organizations in the following categories are
4 deemed to be domestic companies:

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

6 (2) a corporation organized under the laws of another
7 state, 30% or more of the enrollees of which are residents
8 of this State, except a corporation subject to
9 substantially the same requirements in its state of
10 organization as is a domestic company under Article VIII
11 1/2 of the Illinois Insurance Code.

12 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
13 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
14 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
15 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
16 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
17 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
18 eff. 1-1-24; revised 8-29-23.)

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

21 (215 ILCS 165/10) (from Ch. 32, par. 604)

22 Sec. 10. Application of Insurance Code provisions. Health
23 services plan corporations and all persons interested therein
24 or dealing therewith shall be subject to the provisions of

1 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
2 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
3 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t, 356u, 356v,
4 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
5 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
6 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
7 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
8 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
9 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,
10 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,
11 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
12 and (15) of Section 367 of the Illinois Insurance Code.

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

19 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
20 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
21 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
22 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
23 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
24 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
25 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
26 103-551, eff. 8-11-23; revised 8-29-23.)

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

3 (305 ILCS 5/5-16.8)

4 Sec. 5-16.8. Required health benefits. The medical
5 assistance program shall (i) provide the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g.5, 356m, 356q, 356u, 356w, 356x, 356z.6,
9 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
10 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, 356z.60, ~~and~~
11 356z.61, 356z.64, and 356z.67 of the Illinois Insurance Code,
12 (ii) be subject to the provisions of Sections 356z.19,
13 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the Illinois
14 Insurance Code, and (iii) be subject to the provisions of
15 subsection (d-5) of Section 10 of the Network Adequacy and
16 Transparency Act.

17 The Department, by rule, shall adopt a model similar to
18 the requirements of Section 356z.39 of the Illinois Insurance
19 Code.

20 On and after July 1, 2012, the Department shall reduce any
21 rate of reimbursement for services or other payments or alter
22 any methodologies authorized by this Code to reduce any rate
23 of reimbursement for services or other payments in accordance
24 with Section 5-5e.

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

6 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
8 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
9 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
10 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
11 1-1-24; 103-420, eff. 1-1-24; revised 12-15-23.)

12 Section 99. Effective date. This Act takes effect January
13 1, 2026.