



Sen. Julie A. Morrison

Filed: 3/8/2024

10300SB2697sam001

LRB103 35895 RPS 70819 a

1 AMENDMENT TO SENATE BILL 2697

2 AMENDMENT NO. _____. Amend Senate Bill 2697 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 6.11 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall
9 provide the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t of the Illinois Insurance Code. The program of
12 health benefits shall provide the coverage required under
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,
14 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,
15 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
16 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,

1 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
2 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
3 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68,
4 and 356z.70 of the Illinois Insurance Code. The program of
5 health benefits must comply with Sections 155.22a, 155.37,
6 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the
7 Illinois Insurance Code. The program of health benefits shall
8 provide the coverage required under Section 356m of the
9 Illinois Insurance Code and, for the employees of the State
10 Employee Group Insurance Program only, the coverage as also
11 provided in Section 6.11B of this Act. The Department of
12 Insurance shall enforce the requirements of this Section with
13 respect to Sections 370c and 370c.1 of the Illinois Insurance
14 Code; all other requirements of this Section shall be enforced
15 by the Department of Central Management Services.

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

22 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
23 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
24 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
25 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
26 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.

1 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
2 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
3 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
4 8-11-23; revised 8-29-23.)

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

7 (55 ILCS 5/5-1069.3)

8 Sec. 5-1069.3. Required health benefits. If a county,
9 including a home rule county, is a self-insurer for purposes
10 of providing health insurance coverage for its employees, the
11 coverage shall include coverage for the post-mastectomy care
12 benefits required to be covered by a policy of accident and
13 health insurance under Section 356t and the coverage required
14 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356u.10,
15 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
16 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
17 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36,
18 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 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. The coverage shall comply with
22 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
23 Insurance Code. The Department of Insurance shall enforce the
24 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 15. 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, 356q, 356u, 356u.10, 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 20. 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 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6,
22 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
23 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
24 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,

1 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,
2 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and
3 356z.70 of the Illinois Insurance Code. Insurance policies
4 shall comply with Section 356z.19 of the Illinois Insurance
5 Code. The coverage shall comply with Sections 155.22a, 355b,
6 and 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 25. The Illinois Insurance Code is amended by
23 adding Section 356u.10 as follows:

24 (215 ILCS 5/356u.10 new)

1 Sec. 356u.10. Genetic testing and cancer risk management
2 for an inherited gene mutation.

3 (a) In this Section, "genetic testing for an inherited
4 mutation" means germline multi-gene testing for an inherited
5 mutation associated with an increased risk of cancer in
6 accordance with evidence-based, clinical practice guidelines.

7 (b) A group policy of accident and health insurance or
8 managed care plan that is amended, delivered, issued, or
9 renewed after January 1, 2026 shall provide coverage for
10 clinical genetic testing for an inherited gene mutation for
11 individuals with a personal or family history of cancer as
12 recommended by a health care professional in accordance with
13 current evidence-based clinical practice guidelines,
14 including, but not limited to, the most recent version of the
15 National Comprehensive Cancer Network clinical practice
16 guidelines. The coverage shall limit the total amount that a
17 covered person is required to pay for a clinical genetic test
18 under this subsection to an amount not to exceed \$50. This
19 subsection (b) shall not apply to coverage of genetic testing
20 to the extent such coverage would disqualify a high-deductible
21 health plan from eligibility for a health savings account
22 pursuant to Section 223 of the Internal Revenue Code.

23 (c) For individuals with a genetic test that is positive
24 for an inherited mutation associated with an increased risk of
25 cancer, coverage required under this Section shall include any
26 cancer risk management strategy as recommended by a health

1 care professional in accordance with current evidence-based
2 clinical practice guidelines to the extent that the management
3 recommendation is not already covered by the policy, except
4 that coverage for risk management under this subsection (c)
5 may be subject to a deductible, coinsurance, or other
6 cost-sharing limitation so long as such limitation is not
7 greater than that required for other related cancer risk
8 management benefits covered under the policy.

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

11 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to
14 the provisions of Sections 133, 134, 136, 137, 139, 140,
15 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
16 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
17 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356u.10,
18 356v, 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
19 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
20 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21,
21 356z.22, 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29,
22 356z.30, 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34,
23 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41,
24 356z.44, 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50,

1 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58,
2 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67,
3 356z.68, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
4 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
5 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
6 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
7 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
8 Illinois Insurance Code.

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

13 (1) a corporation authorized under the Dental Service
14 Plan Act or the Voluntary Health Services Plans Act;

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

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

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

26 (1) the Director shall give primary consideration to

1 the continuation of benefits to enrollees and the
2 financial conditions of the acquired Health Maintenance
3 Organization after the merger, consolidation, or other
4 acquisition of control takes effect;

5 (2) (i) the criteria specified in subsection (1) (b) of
6 Section 131.8 of the Illinois Insurance Code shall not
7 apply and (ii) the Director, in making his determination
8 with respect to the merger, consolidation, or other
9 acquisition of control, need not take into account the
10 effect on competition of the merger, consolidation, or
11 other acquisition of control;

12 (3) the Director shall have the power to require the
13 following information:

14 (A) certification by an independent actuary of the
15 adequacy of the reserves of the Health Maintenance
16 Organization sought to be acquired;

17 (B) pro forma financial statements reflecting the
18 combined balance sheets of the acquiring company and
19 the Health Maintenance Organization sought to be
20 acquired as of the end of the preceding year and as of
21 a date 90 days prior to the acquisition, as well as pro
22 forma financial statements reflecting projected
23 combined operation for a period of 2 years;

24 (C) a pro forma business plan detailing an
25 acquiring party's plans with respect to the operation
26 of the Health Maintenance Organization sought to be

1 acquired for a period of not less than 3 years; and

2 (D) such other information as the Director shall
3 require.

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

10 (e) In considering any management contract or service
11 agreement subject to Section 141.1 of the Illinois Insurance
12 Code, the Director (i) shall, in addition to the criteria
13 specified in Section 141.2 of the Illinois Insurance Code,
14 take into account the effect of the management contract or
15 service agreement on the continuation of benefits to enrollees
16 and the financial condition of the health maintenance
17 organization to be managed or serviced, and (ii) need not take
18 into account the effect of the management contract or service
19 agreement on competition.

20 (f) Except for small employer groups as defined in the
21 Small Employer Rating, Renewability and Portability Health
22 Insurance Act and except for medicare supplement policies as
23 defined in Section 363 of the Illinois Insurance Code, a
24 Health Maintenance Organization may by contract agree with a
25 group or other enrollment unit to effect refunds or charge
26 additional premiums under the following terms and conditions:

1 (i) the amount of, and other terms and conditions with
2 respect to, the refund or additional premium are set forth
3 in the group or enrollment unit contract agreed in advance
4 of the period for which a refund is to be paid or
5 additional premium is to be charged (which period shall
6 not be less than one year); and

7 (ii) the amount of the refund or additional premium
8 shall not exceed 20% of the Health Maintenance
9 Organization's profitable or unprofitable experience with
10 respect to the group or other enrollment unit for the
11 period (and, for purposes of a refund or additional
12 premium, the profitable or unprofitable experience shall
13 be calculated taking into account a pro rata share of the
14 Health Maintenance Organization's administrative and
15 marketing expenses, but shall not include any refund to be
16 made or additional premium to be paid pursuant to this
17 subsection (f)). The Health Maintenance Organization and
18 the group or enrollment unit may agree that the profitable
19 or unprofitable experience may be calculated taking into
20 account the refund period and the immediately preceding 2
21 plan years.

22 The Health Maintenance Organization shall include a
23 statement in the evidence of coverage issued to each enrollee
24 describing the possibility of a refund or additional premium,
25 and upon request of any group or enrollment unit, provide to
26 the group or enrollment unit a description of the method used

1 to calculate (1) the Health Maintenance Organization's
2 profitable experience with respect to the group or enrollment
3 unit and the resulting refund to the group or enrollment unit
4 or (2) the Health Maintenance Organization's unprofitable
5 experience with respect to the group or enrollment unit and
6 the resulting additional premium to be paid by the group or
7 enrollment unit.

8 In no event shall the Illinois Health Maintenance
9 Organization Guaranty Association be liable to pay any
10 contractual obligation of an insolvent organization to pay any
11 refund authorized under this Section.

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

18 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
19 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
20 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
21 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
22 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
23 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
24 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
25 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
26 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,

1 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

2 Section 35. The Voluntary Health Services Plans Act is
3 amended by changing Section 10 as follows:

4 (215 ILCS 165/10) (from Ch. 32, par. 604)

5 Sec. 10. Application of Insurance Code provisions. Health
6 services plan corporations and all persons interested therein
7 or dealing therewith shall be subject to the provisions of
8 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
9 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
10 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356u.10, 356v,
11 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
12 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
13 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
14 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
15 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
16 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,
17 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,
18 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
19 and (15) of Section 367 of the Illinois Insurance Code.

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

1 whatever reason, is unauthorized.

2 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
3 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
4 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
5 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
6 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
7 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
8 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
9 103-551, eff. 8-11-23; revised 8-29-23.)".