

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 State Employees Group Insurance Act of 1971
5 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, 356w, 356x,
14 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,
18 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59, 356z.60,
19 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,
20 and 356z.71 of the Illinois Insurance Code. The program of
21 health benefits must comply with Sections 155.22a, 155.37,
22 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the
23 Illinois Insurance Code. The program of health benefits shall

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

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

15 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
16 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
17 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
18 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
19 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
20 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
21 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
22 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
23 8-11-23; revised 8-29-23.)

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

1 (55 ILCS 5/5-1069.3)

2 Sec. 5-1069.3. Required health benefits. If a county,
3 including a home rule county, is a self-insurer for purposes
4 of providing health insurance coverage for its employees, the
5 coverage shall include coverage for 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, 356g.5, 356g.5-1, 356q, 356u, 356w, 356x,
9 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
10 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
11 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40,
12 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53,
13 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~
14 356z.62, 356z.64, 356z.67, 356z.68, 356z.70, and 356z.71 of
15 the Illinois Insurance Code. The coverage shall comply with
16 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
17 Insurance 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 Section is an
20 exclusive power and function of the State and is a denial and
21 limitation under Article VII, Section 6, subsection (h) of the
22 Illinois Constitution. A home rule county to which this
23 Section applies must comply with every provision of this
24 Section.

25 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

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

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

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a
19 municipality, including a home rule municipality, is a
20 self-insurer for purposes of providing health insurance
21 coverage for its employees, the coverage shall include
22 coverage for the post-mastectomy care benefits required to be
23 covered by a policy of accident and health insurance under
24 Section 356t and the coverage required under Sections 356g,

1 356g.5, 356g.5-1, 356q, 356u, 356w, 356x, 356z.4, 356z.4a,
2 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
3 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
4 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
5 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
6 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62,
7 356z.64, 356z.67, 356z.68, 356z.70, and 356z.71 of the
8 Illinois Insurance Code. The coverage shall comply with
9 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
10 Insurance Code. The Department of Insurance shall enforce the
11 requirements of this Section. The requirement that health
12 benefits be covered as provided in this is an exclusive power
13 and function of the State and is a denial and limitation under
14 Article VII, Section 6, subsection (h) of the Illinois
15 Constitution. A home rule municipality to which this Section
16 applies must comply with every provision of this Section.

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

23 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
25 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
26 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;

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

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

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,
14 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,
15 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
16 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,
17 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 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, 356z.70, and
20 356z.71 of the Illinois Insurance Code. Insurance policies
21 shall comply with Section 356z.19 of the Illinois Insurance
22 Code. The coverage shall comply with Sections 155.22a, 355b,
23 and 370c of the Illinois Insurance Code. The Department of
24 Insurance shall enforce the requirements of this 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; 102-642, eff.
9 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
10 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
11 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
12 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
13 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
14 103-551, eff. 8-11-23; revised 8-29-23.)

15 Section 25. The Illinois Insurance Code is amended by
16 adding Section 356z.71 as follows:

17 (215 ILCS 5/356z.71 new)

18 Sec. 356z.71. Coverage for mobile integrated health care
19 services.

20 (a) In this Section:

21 "Eligible recipient" means an individual who has received
22 hospital emergency department services 3 or more times in a
23 period of 4 consecutive months in the past 12 months or an
24 individual who has been identified by a health care provider

1 as an individual for whom mobile integrated health care
2 services would likely prevent admission or readmission to or
3 would allow discharge from a hospital, behavioral health
4 facility, acute care facility, or nursing facility.

5 "Mobile integrated health care services" means medically
6 necessary health services provided on-site by emergency
7 medical services personnel, as defined in Section 5 of the
8 Emergency Medical Services (EMS) Systems Act.

9 "Mobile integrated health care services" includes health
10 assessment, chronic disease monitoring and education,
11 medication compliance, immunizations and vaccinations,
12 laboratory specimen collection, hospital discharge follow-up
13 care, and minor medical procedures as approved by the
14 applicable EMS Medical Director.

15 "Mobile integrated health care services" does not include
16 nonemergency ambulance transport.

17 (b) A group or individual policy of accident and health
18 insurance or a managed care plan that is amended, delivered,
19 issued, or renewed on or after January 1, 2026, shall provide
20 coverage to an eligible recipient for medically necessary
21 mobile integrated health care services.

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

24 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

1 Sec. 5-3. Insurance Code provisions.

2 (a) Health Maintenance Organizations shall be subject to
3 the provisions of Sections 133, 134, 136, 137, 139, 140,
4 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
5 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
6 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356v,
7 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,
8 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,
9 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22,
10 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30,
11 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34, 356z.35,
12 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41, 356z.44,
13 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51,
14 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59,
15 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67, 356z.68,
16 356z.71, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
17 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
18 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
19 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
20 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
21 Illinois Insurance Code.

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

26 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

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

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

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

13 (1) the Director shall give primary consideration to
14 the continuation of benefits to enrollees and the
15 financial conditions of the acquired Health Maintenance
16 Organization after the merger, consolidation, or other
17 acquisition of control takes effect;

18 (2) (i) the criteria specified in subsection (1) (b) of
19 Section 131.8 of the Illinois Insurance Code shall not
20 apply and (ii) the Director, in making his determination
21 with respect to the merger, consolidation, or other
22 acquisition of control, need not take into account the
23 effect on competition of the merger, consolidation, or
24 other acquisition of control;

25 (3) the Director shall have the power to require the
26 following information:

1 (A) certification by an independent actuary of the
2 adequacy of the reserves of the Health Maintenance
3 Organization sought to be acquired;

4 (B) pro forma financial statements reflecting the
5 combined balance sheets of the acquiring company and
6 the Health Maintenance Organization sought to be
7 acquired as of the end of the preceding year and as of
8 a date 90 days prior to the acquisition, as well as pro
9 forma financial statements reflecting projected
10 combined operation for a period of 2 years;

11 (C) a pro forma business plan detailing an
12 acquiring party's plans with respect to the operation
13 of the Health Maintenance Organization sought to be
14 acquired for a period of not less than 3 years; and

15 (D) such other information as the Director shall
16 require.

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

23 (e) In considering any management contract or service
24 agreement subject to Section 141.1 of the Illinois Insurance
25 Code, the Director (i) shall, in addition to the criteria
26 specified in Section 141.2 of the Illinois Insurance Code,

1 take into account the effect of the management contract or
2 service agreement on the continuation of benefits to enrollees
3 and the financial condition of the health maintenance
4 organization to be managed or serviced, and (ii) need not take
5 into account the effect of the management contract or service
6 agreement on competition.

7 (f) Except for small employer groups as defined in the
8 Small Employer Rating, Renewability and Portability Health
9 Insurance Act and except for medicare supplement policies as
10 defined in Section 363 of the Illinois Insurance Code, a
11 Health Maintenance Organization may by contract agree with a
12 group or other enrollment unit to effect refunds or charge
13 additional premiums under the following terms and conditions:

14 (i) the amount of, and other terms and conditions with
15 respect to, the refund or additional premium are set forth
16 in the group or enrollment unit contract agreed in advance
17 of the period for which a refund is to be paid or
18 additional premium is to be charged (which period shall
19 not be less than one year); and

20 (ii) the amount of the refund or additional premium
21 shall not exceed 20% of the Health Maintenance
22 Organization's profitable or unprofitable experience with
23 respect to the group or other enrollment unit for the
24 period (and, for purposes of a refund or additional
25 premium, the profitable or unprofitable experience shall
26 be calculated taking into account a pro rata share of the

1 Health Maintenance Organization's administrative and
2 marketing expenses, but shall not include any refund to be
3 made or additional premium to be paid pursuant to this
4 subsection (f)). The Health Maintenance Organization and
5 the group or enrollment unit may agree that the profitable
6 or unprofitable experience may be calculated taking into
7 account the refund period and the immediately preceding 2
8 plan years.

9 The Health Maintenance Organization shall include a
10 statement in the evidence of coverage issued to each enrollee
11 describing the possibility of a refund or additional premium,
12 and upon request of any group or enrollment unit, provide to
13 the group or enrollment unit a description of the method used
14 to calculate (1) the Health Maintenance Organization's
15 profitable experience with respect to the group or enrollment
16 unit and the resulting refund to the group or enrollment unit
17 or (2) the Health Maintenance Organization's unprofitable
18 experience with respect to the group or enrollment unit and
19 the resulting additional premium to be paid by the group or
20 enrollment unit.

21 In no event shall the Illinois Health Maintenance
22 Organization Guaranty Association be liable to pay any
23 contractual obligation of an insolvent organization to pay any
24 refund authorized under this Section.

25 (g) Rulemaking authority to implement Public Act 95-1045,
26 if any, is conditioned on the rules being adopted in

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

5 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
7 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
8 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
9 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
10 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
11 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
12 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
13 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
14 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

15 Section 35. The Limited Health Service Organization Act is
16 amended by changing Section 4003 as follows:

17 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

18 Sec. 4003. Illinois Insurance Code provisions. Limited
19 health service organizations shall be subject to the
20 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
21 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,
22 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,
23 355.3, 355b, 356q, 356v, 356z.4, 356z.4a, 356z.10, 356z.21,
24 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,

1 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
2 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
3 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,
4 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,
5 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.
6 Nothing in this Section shall require a limited health care
7 plan to cover any service that is not a limited health service.
8 For purposes of the Illinois Insurance Code, except for
9 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited
10 health service organizations in the following categories are
11 deemed to be domestic companies:

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

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

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; 102-731, eff.
21 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,
22 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
23 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
24 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
25 eff. 1-1-24; revised 8-29-23.)

1 Section 40. The Voluntary Health Services Plans Act is
2 amended by changing Section 10 as follows:

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 Sec. 10. Application of Insurance Code provisions. Health
5 services plan corporations and all persons interested therein
6 or dealing therewith shall be subject to the provisions of
7 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
8 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
9 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356v, 356w,
10 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
11 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
12 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25,
13 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32, 356z.33,
14 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
15 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,
16 356z.67, 356z.68, 356z.71, 364.01, 364.3, 367.2, 368a, 401,
17 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
18 and (15) of Section 367 of the Illinois Insurance Code.

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

25 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;

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

8 Section 45. The Illinois Public Aid Code is amended by
9 changing Section 5-16.8 as follows:

10 (305 ILCS 5/5-16.8)

11 Sec. 5-16.8. Required health benefits. The medical
12 assistance program shall (i) provide the post-mastectomy care
13 benefits required to be covered by a policy of accident and
14 health insurance under Section 356t and the coverage required
15 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
16 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
17 356z.47, 356z.51, 356z.53, 356z.56, 356z.59, 356z.60, ~~and~~
18 356z.61, 356z.64, 356z.67, and 356z.71, of the Illinois
19 Insurance Code, (ii) be subject to the provisions of Sections
20 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the
21 Illinois Insurance Code, and (iii) be subject to the
22 provisions of subsection (d-5) of Section 10 of the Network
23 Adequacy and Transparency Act.

24 The Department, by rule, shall adopt a model similar to

1 the requirements of Section 356z.39 of the Illinois Insurance
2 Code.

3 On and after July 1, 2012, the Department shall reduce any
4 rate of reimbursement for services or other payments or alter
5 any methodologies authorized by this Code to reduce any rate
6 of reimbursement for services or other payments in accordance
7 with Section 5-5e.

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

13 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
14 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
15 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
16 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
17 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
18 1-1-24; 103-420, eff. 1-1-24; revised 12-15-23.)