

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 Illinois Insurance Code is amended by
5 adding Section 356z.88 as follows:

6 (215 ILCS 5/356z.88 new)

7 Sec. 356z.88. Coronary calcium scan and scoring.

8 (a) An individual or group policy of accident and health
9 insurance that is amended, delivered, issued, or renewed on or
10 after January 1, 2028 and is subject to this Code shall provide
11 coverage for a medically necessary coronary calcium scan and
12 scoring if:

13 (1) the individual is between 40 and 75 years of age;

14 (2) the scan is ordered by a licensed health care
15 provider; and

16 (3) the provider has conducted and documented a
17 cardiovascular risk assessment demonstrating clinical
18 appropriateness consistent with evidence-based
19 guidelines.

20 (b) Coverage shall be provided at intervals consistent
21 with evidence-based clinical guidelines and shall not be
22 subject to more restrictive limitations than other diagnostic
23 imaging services covered under the policy.

1 (c) For policies subject to cost-sharing requirements, the
2 cost sharing for a coronary calcium scan and scoring shall not
3 exceed the cost sharing applied to comparable diagnostic
4 imaging services.

5 (d) Nothing in this Section shall be construed to require
6 coverage in a manner inconsistent with federal law.

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

9 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

10 Sec. 5-3. Illinois Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 136, 137, 139, 140,
13 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
14 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
15 155.49, 352c, 355.2, 355.3, 355.6, 355.7, 355b, 355c, 356f,
16 356g, 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
17 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
18 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
19 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
20 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
21 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
22 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
23 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
24 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,

1 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
2 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
3 356z.76, 356z.77, 356z.78, 356z.79, 356z.80, 356z.81, 356z.82,
4 356z.83, 356z.84, 356z.85, 356z.88, 364, 364.01, 364.3, 367.2,
5 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370a, 370c,
6 370c.1, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444,
7 and 444.1, paragraph (c) of subsection (2) of Section 367, and
8 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV,
9 XXVI, and XXXIIB of the Illinois Insurance Code.

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

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

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

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

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

1 (1) the Director shall give primary consideration to
2 the continuation of benefits to enrollees and the
3 financial conditions of the acquired Health Maintenance
4 Organization after the merger, consolidation, or other
5 acquisition of control takes effect;

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

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

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

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

25 (C) a pro forma business plan detailing an
26 acquiring party's plans with respect to the operation

1 of the Health Maintenance Organization sought to be
2 acquired for a period of not less than 3 years; and

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

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

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

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

1 additional premiums under the following terms and conditions:

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

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

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

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

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

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

19 (Source: P.A. 103-84, eff. 1-1-24; 103-91, eff. 1-1-24;
20 103-123, eff. 1-1-24; 103-154, eff. 6-30-23; 103-420, eff.
21 1-1-24; 103-426, eff. 8-4-23; 103-445, eff. 1-1-24; 103-551,
22 eff. 8-11-23; 103-605, eff. 7-1-24; 103-618, eff. 1-1-25;
23 103-649, eff. 1-1-25; 103-656, eff. 1-1-25; 103-700, eff.
24 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
25 eff. 8-2-24; 103-758, eff. 1-1-25; 103-777, eff. 8-2-24;
26 103-808, eff. 1-1-26; 103-914, eff. 1-1-25; 103-918, eff.

1 1-1-25; 103-1024, eff. 1-1-25; 104-1, eff. 6-9-25; 104-28,
2 eff. 1-1-26; 104-42, eff. 8-1-25; 104-68, eff. 1-1-26; 104-73,
3 eff. 1-1-26; 104-98, eff. 1-1-26; 104-289, eff. 1-1-26;
4 104-324, eff. 1-1-26; 104-334, eff. 8-15-25; 104-379, eff.
5 1-1-26; 104-417, eff. 8-15-25; revised 11-21-25.)

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

8 (305 ILCS 5/5-16.8)

9 Sec. 5-16.8. Required health benefits.

10 (a) The medical assistance program shall (i) 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.5, 356q, 356u, 356w,
14 356x, 356z.6, 356z.26, 356z.29, 356z.32, 356z.33, 356z.34,
15 356z.35, 356z.46, 356z.47, 356z.51, 356z.53, 356z.59, 356z.60,
16 356z.61, 356z.64, 356z.67, 356z.71, ~~and 356z.75, and 356z.80,~~
17 356z.84, and 356z.85 of the Illinois Insurance Code, (ii) be
18 subject to the provisions of Sections 356z.19, 356z.44,
19 356z.49, 364.01, 370c, and 370c.1 of the Illinois Insurance
20 Code, and (iii) be subject to the provisions of subsection
21 (d-5) of Section 10 of the Network Adequacy and Transparency
22 Act.

23 The Department, by rule, shall adopt a model similar to
24 the requirements of Section 356z.39 of the Illinois Insurance

1 Code.

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

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

12 (b) (1) Subject to appropriation and federal approval, the
13 Department shall provide coverage under the medical assistance
14 program for a medically necessary coronary artery calcium scan
15 and scoring for an eligible individual who:

16 (A) is between 40 and 75 years of age;

17 (B) is assessed by a licensed health care provider as
18 having moderate or greater risk of atherosclerotic
19 cardiovascular disease based on a documented
20 cardiovascular risk assessment consistent with nationally
21 recognized evidence-based clinical guidelines;

22 (C) does not have a prior diagnosis of coronary artery
23 disease; and

24 (D) has not received a covered coronary artery calcium
25 scan within the previous 5 years, unless medically
26 necessary as determined by the Department.

1 (2) Coverage under this subsection shall be provided
2 without cost sharing to the beneficiary.

3 (3) The Department may adopt reasonable utilization
4 controls consistent with other diagnostic imaging services
5 covered under the medical assistance program.

6 (4) Implementation of coverage under this subsection shall
7 occur only to the extent that federal financial participation
8 is available and approved by the federal Centers for Medicare
9 and Medicaid Services.

10 (Source: P.A. 103-84, eff. 1-1-24; 103-91, eff. 1-1-24;
11 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703, eff.
12 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25; 104-73,
13 eff. 1-1-26; 104-324, eff. 1-1-26; 104-379, eff. 1-1-26;
14 104-417, eff. 8-15-25; revised 11-21-25.)