



Sen. Julie A. Morrison

**Filed: 4/4/2024**

10300SB2697sam002

LRB103 35895 RPS 71782 a

1 AMENDMENT TO SENATE BILL 2697

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2697, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The State Employees Group Insurance Act of  
6 1971 is amended by changing Section 6.11 as follows:

7 (5 ILCS 375/6.11)

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

1 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,  
2 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
3 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,  
4 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68,  
5 and 356z.70 of the Illinois Insurance Code. The program of  
6 health benefits must comply with Sections 155.22a, 155.37,  
7 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the  
8 Illinois Insurance Code. The program of health benefits shall  
9 provide the coverage required under Section 356m of the  
10 Illinois Insurance Code and, for the employees of the State  
11 Employee Group Insurance Program only, the coverage as also  
12 provided in Section 6.11B of this Act. The Department of  
13 Insurance shall enforce the requirements of this Section with  
14 respect to Sections 370c and 370c.1 of the Illinois Insurance  
15 Code; all other requirements of this Section shall be enforced  
16 by the Department of Central Management Services.

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; 102-642, eff.  
25 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,  
26 eff. 1-1-24; 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; 103-8, eff. 1-1-24; 103-84,  
3 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;  
4 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.  
5 8-11-23; revised 8-29-23.)

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

8 (55 ILCS 5/5-1069.3)

9 Sec. 5-1069.3. Required health benefits. If a county,  
10 including a home rule county, is a self-insurer for purposes  
11 of providing health insurance coverage for its employees, the  
12 coverage shall include coverage for 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, 356g.5, 356g.5-1, 356q, 356u, 356u.10,  
16 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
17 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,  
18 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36,  
19 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,  
20 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~  
21 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70  
22 of the Illinois Insurance Code. The coverage shall comply with  
23 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
24 Insurance Code. The Department of Insurance shall enforce the

1 requirements of this Section. The requirement that health  
2 benefits be covered as provided in this Section is an  
3 exclusive power and function of the State and is a denial and  
4 limitation under Article VII, Section 6, subsection (h) of the  
5 Illinois Constitution. A home rule county to which this  
6 Section applies must comply with every provision of this  
7 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; 102-443, eff.  
16 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
17 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
18 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
19 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
20 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
21 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
22 8-29-23.)

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

1 (65 ILCS 5/10-4-2.3)

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

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

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

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

14 Section 20. The School Code is amended by changing Section  
15 10-22.3f as follows:

16 (105 ILCS 5/10-22.3f)

17 Sec. 10-22.3f. Required health benefits. Insurance  
18 protection and benefits for employees shall provide the  
19 post-mastectomy care benefits required to be covered by a  
20 policy of accident and health insurance under Section 356t and  
21 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
22 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6,  
23 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
24 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.56, 356z.57, 356z.59, 356z.60,  
3 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and  
4 356z.70 of the Illinois Insurance Code. Insurance policies  
5 shall comply with Section 356z.19 of the Illinois Insurance  
6 Code. The coverage shall comply with Sections 155.22a, 355b,  
7 and 370c of the Illinois Insurance Code. The Department of  
8 Insurance shall enforce the requirements of this Section.

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; 102-804,  
18 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
19 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
20 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
21 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
22 103-551, eff. 8-11-23; revised 8-29-23.)

23 Section 25. The Illinois Insurance Code is amended by  
24 adding Section 356u.10 as follows:

1 (215 ILCS 5/356u.10 new)

2 Sec. 356u.10. Genetic testing and evidence-based  
3 screenings for an inherited gene mutation.

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

8 (b) A group policy of accident and health insurance or  
9 managed care plan that is amended, delivered, issued, or  
10 renewed after January 1, 2026 shall provide coverage for  
11 clinical genetic testing for an inherited gene mutation for  
12 individuals with a personal or family history of cancer, as  
13 recommended by a health care professional in accordance with  
14 current evidence-based clinical practice guidelines,  
15 including, but not limited to, the current version of the  
16 National Comprehensive Cancer Network clinical practice  
17 guidelines. The coverage shall limit the total amount that a  
18 covered person is required to pay for a clinical genetic test  
19 under this subsection to an amount not to exceed \$50, except  
20 for services for which cost sharing is prohibited under 42  
21 U.S.C. 300gg-13. This subsection (b) shall not apply to  
22 coverage of genetic testing to the extent such coverage would  
23 disqualify a high-deductible health plan from eligibility for  
24 a health savings account pursuant to Section 223 of the  
25 Internal Revenue Code.

26 (c) For individuals with a genetic test that is positive



1 for an inherited mutation associated with an increased risk of  
2 cancer, coverage required under this Section shall include any  
3 evidence-based screenings, as recommended by a health care  
4 professional in accordance with current evidence-based  
5 clinical practice guidelines, to the extent that the  
6 management recommendation is not already covered by the  
7 policy, except that coverage for evidence-based screenings  
8 under this subsection (c) may be subject to a deductible,  
9 coinsurance, or other cost-sharing limitation so long as the  
10 limitation is not greater than that required for other related  
11 cancer risk management benefits covered under the policy. In  
12 this subsection, "evidence-based cancer screenings" means  
13 medically recommended evidence-based screening modalities in  
14 accordance with current clinical practice guidelines.

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

17 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

18 Sec. 5-3. Insurance Code provisions.

19 (a) Health Maintenance Organizations shall be subject to  
20 the provisions of Sections 133, 134, 136, 137, 139, 140,  
21 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,  
22 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,  
23 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356u.10,  
24 356v, 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,

1 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,  
2 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21,  
3 356z.22, 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29,  
4 356z.30, 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34,  
5 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41,  
6 356z.44, 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50,  
7 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58,  
8 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67,  
9 356z.68, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
10 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
11 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
12 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
13 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
14 Illinois Insurance Code.

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

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

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

23 (3) a corporation organized under the laws of another  
24 state, 30% or more of the enrollees of which are residents  
25 of this State, except a corporation subject to  
26 substantially the same requirements in its state of

1 organization as is a "domestic company" under Article VIII  
2 1/2 of the Illinois Insurance Code.

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

6 (1) the Director shall give primary consideration to  
7 the continuation of benefits to enrollees and the  
8 financial conditions of the acquired Health Maintenance  
9 Organization after the merger, consolidation, or other  
10 acquisition of control takes effect;

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

18 (3) the Director shall have the power to require the  
19 following information:

20 (A) certification by an independent actuary of the  
21 adequacy of the reserves of the Health Maintenance  
22 Organization sought to be acquired;

23 (B) pro forma financial statements reflecting the  
24 combined balance sheets of the acquiring company and  
25 the Health Maintenance Organization sought to be  
26 acquired as of the end of the preceding year and as of

1 a date 90 days prior to the acquisition, as well as pro  
2 forma financial statements reflecting projected  
3 combined operation for a period of 2 years;

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

8 (D) such other information as the Director shall  
9 require.

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

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

26 (f) Except for small employer groups as defined in the

1 Small Employer Rating, Renewability and Portability Health  
2 Insurance Act and except for medicare supplement policies as  
3 defined in Section 363 of the Illinois Insurance Code, a  
4 Health Maintenance Organization may by contract agree with a  
5 group or other enrollment unit to effect refunds or charge  
6 additional premiums under the following terms and conditions:

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

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

1 plan years.

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

14 In no event shall the Illinois Health Maintenance  
15 Organization Guaranty Association be liable to pay any  
16 contractual obligation of an insolvent organization to pay any  
17 refund authorized under this Section.

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
26 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,

1 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
2 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
3 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
4 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
5 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
6 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
7 eff. 1-1-24; 103-551, eff. 8-11-23; 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, 356q, 356r, 356t, 356u, 356u.10, 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 adding Section 5-52 as follows:

18 (305 ILCS 5/5-52 new)

19 Sec. 5-52. Genetic testing and evidence-based screenings  
20 for an inherited gene mutation.

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



1       (b) Subject to federal approval, the medical assistance  
2 program, after January 1, 2026, shall provide coverage for  
3 clinical genetic testing for an inherited gene mutation for  
4 individuals with a personal or family history of cancer, as  
5 recommended by a health care professional in accordance with  
6 current evidence-based clinical practice guidelines,  
7 including, but not limited to, the current version of the  
8 National Comprehensive Cancer Network clinical practice  
9 guidelines.

10       (c) For individuals with a genetic test that is positive  
11 for an inherited mutation associated with an increased risk of  
12 cancer, coverage required under this Section shall include any  
13 evidence-based screenings, as recommended by a health care  
14 professional in accordance with current evidence-based  
15 clinical practice guidelines, to the extent that the  
16 management recommendation is not already covered by the  
17 medical assistance program. In this subsection,  
18 "evidence-based cancer screenings" means medically recommended  
19 evidence-based screening modalities in accordance with current  
20 clinical practice guidelines.

21       Section 99. Effective date. This Section and Section 40  
22 take effect January 1, 2025."