

1 AN ACT concerning insurance.

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 changing Section 356x as follows:

6 (215 ILCS 5/356x)

7 Sec. 356x. Coverage for colorectal cancer examinations
8 screening.

9 (a) An individual or group policy of accident and health
10 insurance providing coverage on an expense incurred basis, a
11 self-insured group arrangement to the extent not preempted by
12 federal law, and a managed health care delivery plan of any
13 type or description, that is amended, delivered, issued, or
14 renewed on or after the effective date of this amendatory Act
15 of the 92nd General Assembly that provides coverage to a
16 resident of this State must provide benefits or coverage for
17 colorectal cancer examinations and laboratory tests for
18 cancer for any nonsymptomatic covered individual, in
19 accordance with the most recently published American Cancer
20 Society guidelines for colorectal cancer screening for a
21 covered individual who is:

- 22 (1) at least 50 years of age; or
- 23 (2) less than 50 years of age and at high risk for
24 colorectal cancer according to the most recently
25 published colorectal cancer screening guidelines of the
26 American Cancer Society.

27 The coverage required under this Section must meet the
28 requirements set forth in subsection (b).

29 (b) To encourage colorectal cancer screenings, patients
30 and health care providers must not be required to meet
31 burdensome criteria or overcome obstacles to secure the

1 coverage. An individual may not be required to pay an
 2 additional deductible or coinsurance for testing that is
 3 greater than an annual deductible or coinsurance established
 4 for similar benefits. If the program or contract does not
 5 cover a similar benefit, a deductible or coinsurance may not
 6 be set at a level that materially diminishes the value of the
 7 colorectal cancer benefit required.

8 (c) An entity subject to this Section is not required
 9 under this Section to provide for a referral to a
 10 non-participating health care provider, unless the entity
 11 does not have an appropriate health care provider that is
 12 available and accessible to administer the screening exam and
 13 that is a participating health care provider with respect to
 14 the treatment.

15 (d) If an entity subject to this Section refers an
 16 individual to a non-participating health care provider
 17 pursuant to this Section, services provided pursuant to the
 18 approved screening exam or resulting treatment (if any) shall
 19 be provided at no additional cost to the insured beyond what
 20 the insured would otherwise pay for services provided by a
 21 participating health care provider. An insurer shall provide
 22 in each group policy, contract, or certificate of accident
 23 and health insurance amended, delivered, issued, or renewed
 24 covering persons who are residents of this State coverage for
 25 colorectal cancer screening with sigmoidoscopy or fecal
 26 occult blood testing once every 3 years for persons who are
 27 at least 50 years old.

28 (b) For persons who may be classified as high risk for
 29 colorectal cancer because the person or a first-degree family
 30 member of the person has a history of colorectal cancer, the
 31 coverage required under subsection (a) shall apply to persons
 32 who have attained at least 30 years of age.

33 (e) This Section does not apply to agreements,
 34 contracts, or policies that provide coverage for a specified

1 ~~disease-or-other-limited-benefit-coverage-~~

2 (Source: P.A. 90-741, eff. 1-1-99.)

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.