

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 and by adding Section  
6 6.11F as follows:

7 (5 ILCS 375/6.11)

8 (Text of Section before amendment by P.A. 104-1)

9 Sec. 6.11. Required health benefits; Illinois Insurance  
10 Code requirements. The program of health benefits shall  
11 provide the post-mastectomy care benefits required to be  
12 covered by a policy of accident and health insurance under  
13 Section 356t of the Illinois Insurance Code. The program of  
14 health benefits shall provide the coverage required under  
15 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, ~~356u.10,~~  
16 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
17 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
18 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
19 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
20 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,  
21 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,  
22 356z.71, 356z.74, 356z.76, ~~and~~ 356z.77, ~~and~~ 356z.80, 356z.81,  
23 356z.82, 356z.83, 356z.84, and 356z.85 of the Illinois

1 Insurance Code. The program of health benefits must comply  
2 with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and 370c.1  
3 and Article XXXIIB of the Illinois Insurance Code. The program  
4 of health benefits shall provide the coverage required under  
5 Section 356m of the Illinois Insurance Code and, for the  
6 employees of the State Employee Group Insurance Program only,  
7 the coverage as also provided in Section 6.11B of this Act. The  
8 Department of Insurance shall enforce the requirements of this  
9 Section with respect to Sections 370c and 370c.1 and Article  
10 XXXIIB of the Illinois Insurance Code; all other requirements  
11 of this Section shall be enforced by the Department of Central  
12 Management Services.

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

19 (Source: P.A. 103-8, eff. 1-1-24; 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; 103-605, eff.  
22 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-870,  
23 eff. 1-1-25; 103-914, eff. 1-1-25; 103-918, eff. 1-1-25;  
24 103-951, eff. 1-1-25; 103-1024, eff. 1-1-25; 104-27, eff.  
25 1-1-26, 104-42, eff. 8-1-25; 104-68, eff. 1-1-26; 104-73, eff.  
26 1-1-26; 104-289, eff. 1-1-26; 104-324, eff. 1-1-26; 104-379,

1 eff. 1-1-26; 104-417, eff. 8-15-25; revised 11-19-25.)

2 (Text of Section after amendment by P.A. 104-1)

3 Sec. 6.11. Required health benefits; Illinois Insurance  
4 Code requirements. The program of health benefits shall  
5 provide the post-mastectomy care benefits required to be  
6 covered by a policy of accident and health insurance under  
7 Section 356t of the Illinois Insurance Code. The program of  
8 health benefits shall provide the coverage required under  
9 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, ~~356u.10,~~  
10 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
11 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
12 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
13 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,  
14 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,  
15 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,  
16 356z.71, 356z.74, 356z.76, ~~and~~ 356z.77, 356z.79, ~~and~~ 356z.80,  
17 356z.81, 356z.82, 356z.83, 356z.84, and 356z.85 of the  
18 Illinois Insurance Code. The program of health benefits must  
19 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and  
20 370c.1 and Article XXXIIB of the Illinois Insurance Code. The  
21 program of health benefits shall provide the coverage required  
22 under Section 356m of the Illinois Insurance Code and, for the  
23 employees of the State Employee Group Insurance Program only,  
24 the coverage as also provided in Section 6.11B of this Act. The  
25 Department of Insurance shall enforce the requirements of this

1 Section with respect to Sections 370c and 370c.1 and Article  
2 XXXIIB of the Illinois Insurance Code; all other requirements  
3 of this Section shall be enforced by the Department of Central  
4 Management Services.

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

11 (Source: P.A. 103-8, eff. 1-1-24; 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; 103-605, eff.  
14 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-870,  
15 eff. 1-1-25; 103-914, eff. 1-1-25; 103-918, eff. 1-1-25;  
16 103-951, eff. 1-1-25; 103-1024, eff. 1-1-25; 104-1, eff.  
17 7-1-27; 104-27, eff. 1-1-26, 104-42, eff. 8-1-25; 104-68, eff.  
18 1-1-26; 104-73, eff. 1-1-26; 104-289, eff. 1-1-26; 104-324,  
19 eff. 1-1-26; 104-379, eff. 1-1-26; 104-417, eff. 8-15-25;  
20 revised 11-19-25.)

21 (5 ILCS 375/6.11F new)

22 Sec. 6.11F. Genetic testing and evidence-based screenings  
23 for an inherited gene mutation.

24 (a) In this Section, "genetic testing for an inherited  
25 mutation" means germline multi-gene testing for an inherited

1 mutation associated with an increased risk of cancer in  
2 accordance with evidence-based, clinical practice guidelines.

3 (b) The State Employees Group Insurance Program shall  
4 provide coverage for clinical genetic testing for an inherited  
5 gene mutation for individuals with a personal or family  
6 history of cancer, as recommended by a health care  
7 professional in accordance with current evidence-based  
8 clinical practice guidelines, including, but not limited to,  
9 the current version of the National Comprehensive Cancer  
10 Network clinical practice guidelines. The coverage shall limit  
11 the total amount that a covered person is required to pay for a  
12 clinical genetic test under this subsection to an amount not  
13 to exceed \$50, except for services for which cost sharing is  
14 prohibited under 42 U.S.C. 300gg-13. This subsection (b) shall  
15 not apply to coverage of genetic testing to the extent such  
16 coverage would disqualify a high-deductible health plan from  
17 eligibility for a health savings account pursuant to Section  
18 223 of the Internal Revenue Code.

19 (c) For individuals with a genetic test that is positive  
20 for an inherited mutation associated with an increased risk of  
21 cancer, coverage required under this Section shall include any  
22 evidence-based screenings, as recommended by a health care  
23 professional in accordance with current evidence-based  
24 clinical practice guidelines, to the extent that the  
25 management recommendation is not already covered by the  
26 policy, except that coverage for evidence-based screenings

1 under this subsection (c) may be subject to a deductible,  
2 coinsurance, or other cost-sharing limitation so long as the  
3 limitation is not greater than that required for other related  
4 cancer risk management benefits covered under the policy. In  
5 this subsection, "evidence-based cancer screenings" means  
6 medically recommended evidence-based screening modalities in  
7 accordance with current clinical practice guidelines.

8 Section 10. The Illinois Insurance Code is amended by  
9 changing Section 356u.10 as follows:

10 (215 ILCS 5/356u.10)

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

13 (a) As used in ~~In~~ this Section:

14 "Cost sharing" means a deductible, coinsurance, copayment,  
15 or any similar out-of-pocket expense.

16 "Evidence-based screening" means evidence-based cancer  
17 screening modalities in accordance with the most recent  
18 version of the National Comprehensive Cancer Network clinical  
19 practice guidelines.

20 "Genetic ~~genetic~~ testing for an inherited mutation" means  
21 germline multi-gene testing for an inherited mutation  
22 associated with an increased risk of cancer in accordance with  
23 evidence-based, clinical practice guidelines.

24 (b) An individual or ~~A~~ group policy of accident and health

1 insurance or managed care plan that is amended, delivered,  
2 issued, or renewed after January 1, 2028 ~~2026~~ shall provide  
3 coverage for clinical genetic testing for an inherited gene  
4 mutation for individuals with a personal or family history of  
5 cancer, as recommended by a health care professional in  
6 accordance with current evidence-based clinical practice  
7 guidelines, including, but not limited to, the current version  
8 of the National Comprehensive Cancer Network clinical practice  
9 guidelines. ~~The coverage shall limit the total amount that a  
10 covered person is required to pay for a clinical genetic test  
11 under this subsection to an amount not to exceed \$50, except  
12 for services for which cost sharing is prohibited under 42  
13 U.S.C. 300gg-13. This subsection (b) shall not apply to  
14 coverage of genetic testing to the extent such coverage would  
15 disqualify a high-deductible health plan from eligibility for  
16 a health savings account pursuant to Section 223 of the  
17 Internal Revenue Code.~~

18 (c) For individuals with a genetic test that is positive  
19 for an inherited mutation associated with an increased risk of  
20 cancer, coverage required under this Section shall include any  
21 evidence-based screenings, as recommended by a health care  
22 professional in accordance with current evidence-based  
23 clinical practice guidelines, including, but not limited to,  
24 the current version of the National Comprehensive Cancer  
25 Network clinical practice guidelines, to the extent that the  
26 management recommendation is not already covered by the

1 ~~policy, except that coverage for evidence based screenings~~  
2 ~~under this subsection (c) may be subject to a deductible,~~  
3 ~~coinsurance, or other cost sharing limitation so long as the~~  
4 ~~limitation is not greater than that required for other related~~  
5 ~~cancer risk management benefits covered under the policy. In~~  
6 ~~this subsection, "evidence based cancer screenings" means~~  
7 ~~medically recommended evidence based screening modalities in~~  
8 ~~accordance with current clinical practice guidelines.~~

9 (d) The coverage provided in subsections (b) and (c) shall  
10 be provided without cost sharing, except for services for  
11 which cost sharing is prohibited under 42 U.S.C. 300gg-13.  
12 Subsections (b) and (c) do not apply to the extent that  
13 providing such coverage would disqualify a high-deductible  
14 health plan from eligibility for a health savings account  
15 pursuant to Section 223 of the Internal Revenue Code.

16 (e) This Section does not apply to the State Employees  
17 Group Insurance Program or any health care plan established or  
18 maintained under the State Employees Group Insurance Act of  
19 1971.

20 (Source: P.A. 103-914, eff. 1-1-25.)

21 Section 95. No acceleration or delay. Where this Act makes  
22 changes in a statute that is represented in this Act by text  
23 that is not yet or no longer in effect (for example, a Section  
24 represented by multiple versions), the use of that text does  
25 not accelerate or delay the taking effect of (i) the changes

1 made by this Act or (ii) provisions derived from any other  
2 Public Act.