



Rep. Camille Y. Lilly

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10400HB3605ham004

LRB104 09298 BAB 36741 a

1 AMENDMENT TO HOUSE BILL 3605

2 AMENDMENT NO. _____. Amend House Bill 3605 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of
5 1971 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,

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

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

26 (Source: P.A. 103-8, eff. 1-1-24; 103-84, eff. 1-1-24; 103-91,

1 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
2 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
3 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-870,
4 eff. 1-1-25; 103-914, eff. 1-1-25; 103-918, eff. 1-1-25;
5 103-951, eff. 1-1-25; 103-1024, eff. 1-1-25; 104-27, eff.
6 1-1-26, 104-42, eff. 8-1-25; 104-68, eff. 1-1-26; 104-73, eff.
7 1-1-26; 104-289, eff. 1-1-26; 104-324, eff. 1-1-26; 104-379,
8 eff. 1-1-26; 104-417, eff. 8-15-25; revised 11-19-25.)

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

10 Sec. 6.11. Required health benefits; Illinois Insurance
11 Code requirements. The program of health benefits shall
12 provide the post-mastectomy care benefits required to be
13 covered by a policy of accident and health insurance under
14 Section 356t of the Illinois Insurance Code. The program of
15 health benefits shall provide the coverage required under
16 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, ~~356u.10,~~
17 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
18 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
19 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
20 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
21 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
22 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.70,
23 356z.71, 356z.74, 356z.76, ~~and~~ 356z.77, 356z.79, ~~and~~ 356z.80,
24 356z.81, 356z.82, 356z.83, 356z.84, and 356z.85 of the
25 Illinois Insurance Code. The program of health benefits must

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

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

18 (Source: P.A. 103-8, eff. 1-1-24; 103-84, eff. 1-1-24; 103-91,
19 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
20 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
21 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-870,
22 eff. 1-1-25; 103-914, eff. 1-1-25; 103-918, eff. 1-1-25;
23 103-951, eff. 1-1-25; 103-1024, eff. 1-1-25; 104-1, eff.
24 7-1-27; 104-27, eff. 1-1-26, 104-42, eff. 8-1-25; 104-68, eff.
25 1-1-26; 104-73, eff. 1-1-26; 104-289, eff. 1-1-26; 104-324,
26 eff. 1-1-26; 104-379, eff. 1-1-26; 104-417, eff. 8-15-25;

1 revised 11-19-25.)

2 (5 ILCS 375/6.11F new)

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

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

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

25 (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 10. The Illinois Insurance Code is amended by
16 changing Section 356u.10 as follows:

17 (215 ILCS 5/356u.10)

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

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

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

23 "Evidence-based screening" means evidence-based cancer
24 screening modalities in accordance with the most recent

1 version of the National Comprehensive Cancer Network clinical
2 practice guidelines.

3 "Genetic ~~genetic~~ testing for an inherited mutation" means
4 germline multi-gene testing for an inherited mutation
5 associated with an increased risk of cancer in accordance with
6 evidence-based, clinical practice guidelines.

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

25 (c) For individuals with a genetic test that is positive
26 for an inherited mutation associated with an increased risk of

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

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

23 (e) This Section does not apply to the State Employees
24 Group Insurance Program or any health care plan established or
25 maintained under the State Employees Group Insurance Act of
26 1971.

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

2 Section 95. No acceleration or delay. Where this Act makes
3 changes in a statute that is represented in this Act by text
4 that is not yet or no longer in effect (for example, a Section
5 represented by multiple versions), the use of that text does
6 not accelerate or delay the taking effect of (i) the changes
7 made by this Act or (ii) provisions derived from any other
8 Public Act."