AN ACT concerning regulation.

Be it enacted by the People of the State of Illinois, represented in the General Assembly:

Section 5. The Illinois Insurance Code is amended by changing Section 356u as follows:

(215 ILCS 5/356u)

Sec. 356u. Pap tests and prostate cancer screenings.

(a) A group policy of accident and health insurance that provides coverage for hospital or medical treatment or services for illness on an expense-incurred basis and is amended, delivered, issued, or renewed on or after January 1, 2028 ~~2024~~ shall provide coverage, without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement, for all of the following:

(1) An annual cervical smear or Pap smear test for all insureds.

(2) An annual prostate cancer screening for insureds upon the recommendation of a physician licensed to practice medicine in all its branches for:

(A) asymptomatic individuals age 50 and over;

(B) African-American individuals age 40 and over; and

(C) individuals age 40 and over with a family history of or genetic predisposition to prostate cancer.

(3) An annual screening ~~Surveillance tests~~ for ovarian cancer for insureds who are at risk for ovarian cancer using (i) CA-125 serum tumor marker testing, (ii) transvaginal ultrasound, and (iii) pelvic examination.

(a-5) A group policy of accident and health insurance that provides coverage for hospital or medical treatment or services for illness on an expense-incurred basis and is amended, delivered, issued, or renewed on or after January 1, 2028 shall, in addition to the coverage required under paragraph (3) of subsection (a), provide coverage for all medically viable methods for the detection and diagnosis of ovarian cancer for insureds who are at risk for ovarian cancer, including, but not limited to, ultrasounds, magnetic resonance imagings (MRIs), x-rays, computed tomography (CT) scans, and CA-125 blood test screenings. The coverage required under this subsection may be subject to a deductible, coinsurance, or other cost sharing.

(b) This Section shall not apply to agreements, contracts, or policies that provide coverage for a specified disease or other limited benefit coverage.

(c) This Section does not apply to coverage of prostate cancer screenings to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal

Revenue Code.

(d) For the purposes of this Section:

"At risk for ovarian cancer" means:

(1) having a family history (i) with one or more first-degree relatives with ovarian cancer, (ii) of clusters of relatives with breast cancer, or (iii) of nonpolyposis colorectal cancer; ~~or~~

(2) testing positive for BRCA1 or BRCA2 mutations; or~~.~~

(3) having a high level of CA-125, as indicated by a blood test screening.

"Prostate cancer screening" means medically viable methods for the detection and diagnosis of prostate cancer, including a digital rectal exam and the prostate-specific antigen test and associated laboratory work. "Prostate cancer screening" includes medically necessary subsequent follow-up testing as directed by a health care provider, including, but not limited to:

(1) urinary analysis;

(2) serum biomarkers; and

(3) medical imaging, including, but not limited to, magnetic resonance imaging.

~~"Surveillance tests for ovarian cancer" means annual screening using (i) CA-125 serum tumor marker testing, (ii) transvaginal ultrasound, (iii) pelvic examination.~~

(Source: P.A. 102-1073, eff. 1-1-23; 103-30, eff. 1-1-25.)

Section 99. Effective date. This Act takes effect January

1, 2028.