



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB4312

Introduced 1/28/2020, by Rep. Avery Bourne

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356g

from Ch. 73, par. 968g

Amends the Illinois Insurance Code. Makes a technical change in a Section concerning accident and health insurance coverage for mammograms and mastectomies.

LRB101 18661 BMS 68116 b

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 Illinois Insurance Code is amended by
5 changing Section 356g as follows:

6 (215 ILCS 5/356g) (from Ch. 73, par. 968g)
7 Sec. 356g. Mammograms; mastectomies.

8 (a) Every insurer shall provide in each group or individual
9 policy, contract, or certificate of insurance issued or renewed
10 for persons who are residents of this State, coverage for
11 screening by low-dose mammography for all women 35 years of age
12 or older for the ~~the~~ presence of occult breast cancer within
13 the provisions of the policy, contract, or certificate. The
14 coverage shall be as follows:

15 (1) A baseline mammogram for women 35 to 39 years of
16 age.

17 (2) An annual mammogram for women 40 years of age or
18 older.

19 (3) A mammogram at the age and intervals considered
20 medically necessary by the woman's health care provider for
21 women under 40 years of age and having a family history of
22 breast cancer, prior personal history of breast cancer,
23 positive genetic testing, or other risk factors.

1 (4) For an individual or group policy of accident and
2 health insurance or a managed care plan that is amended,
3 delivered, issued, or renewed on or after the effective
4 date of this amendatory Act of the 101st General Assembly,
5 a comprehensive ultrasound screening and MRI of an entire
6 breast or breasts if a mammogram demonstrates
7 heterogeneous or dense breast tissue or when medically
8 necessary as determined by a physician licensed to practice
9 medicine in all of its branches.

10 (5) A screening MRI when medically necessary, as
11 determined by a physician licensed to practice medicine in
12 all of its branches.

13 (6) For an individual or group policy of accident and
14 health insurance or a managed care plan that is amended,
15 delivered, issued, or renewed on or after the effective
16 date of this amendatory Act of the 101st General Assembly,
17 a diagnostic mammogram when medically necessary, as
18 determined by a physician licensed to practice medicine in
19 all its branches, advanced practice registered nurse, or
20 physician assistant.

21 A policy subject to this subsection shall not impose a
22 deductible, coinsurance, copayment, or any other cost-sharing
23 requirement on the coverage provided; except that this sentence
24 does not apply to coverage of diagnostic mammograms to the
25 extent such coverage would disqualify a high-deductible health
26 plan from eligibility for a health savings account pursuant to

1 Section 223 of the Internal Revenue Code (26 U.S.C. 223).

2 For purposes of this Section:

3 "Diagnostic mammogram" means a mammogram obtained using
4 diagnostic mammography.

5 "Diagnostic mammography" means a method of screening that
6 is designed to evaluate an abnormality in a breast, including
7 an abnormality seen or suspected on a screening mammogram or a
8 subjective or objective abnormality otherwise detected in the
9 breast.

10 "Low-dose mammography" means the x-ray examination of the
11 breast using equipment dedicated specifically for mammography,
12 including the x-ray tube, filter, compression device, and image
13 receptor, with radiation exposure delivery of less than 1 rad
14 per breast for 2 views of an average size breast. The term also
15 includes digital mammography and includes breast
16 tomosynthesis. As used in this Section, the term "breast
17 tomosynthesis" means a radiologic procedure that involves the
18 acquisition of projection images over the stationary breast to
19 produce cross-sectional digital three-dimensional images of
20 the breast.

21 If, at any time, the Secretary of the United States
22 Department of Health and Human Services, or its successor
23 agency, promulgates rules or regulations to be published in the
24 Federal Register or publishes a comment in the Federal Register
25 or issues an opinion, guidance, or other action that would
26 require the State, pursuant to any provision of the Patient

1 Protection and Affordable Care Act (Public Law 111-148),
2 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
3 successor provision, to defray the cost of any coverage for
4 breast tomosynthesis outlined in this subsection, then the
5 requirement that an insurer cover breast tomosynthesis is
6 inoperative other than any such coverage authorized under
7 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
8 the State shall not assume any obligation for the cost of
9 coverage for breast tomosynthesis set forth in this subsection.

10 (a-5) Coverage as described by subsection (a) shall be
11 provided at no cost to the insured and shall not be applied to
12 an annual or lifetime maximum benefit.

13 (a-10) When health care services are available through
14 contracted providers and a person does not comply with plan
15 provisions specific to the use of contracted providers, the
16 requirements of subsection (a-5) are not applicable. When a
17 person does not comply with plan provisions specific to the use
18 of contracted providers, plan provisions specific to the use of
19 non-contracted providers must be applied without distinction
20 for coverage required by this Section and shall be at least as
21 favorable as for other radiological examinations covered by the
22 policy or contract.

23 (b) No policy of accident or health insurance that provides
24 for the surgical procedure known as a mastectomy shall be
25 issued, amended, delivered, or renewed in this State unless
26 that coverage also provides for prosthetic devices or

1 reconstructive surgery incident to the mastectomy. Coverage
2 for breast reconstruction in connection with a mastectomy shall
3 include:

4 (1) reconstruction of the breast upon which the
5 mastectomy has been performed;

6 (2) surgery and reconstruction of the other breast to
7 produce a symmetrical appearance; and

8 (3) prostheses and treatment for physical
9 complications at all stages of mastectomy, including
10 lymphedemas.

11 Care shall be determined in consultation with the attending
12 physician and the patient. The offered coverage for prosthetic
13 devices and reconstructive surgery shall be subject to the
14 deductible and coinsurance conditions applied to the
15 mastectomy, and all other terms and conditions applicable to
16 other benefits. When a mastectomy is performed and there is no
17 evidence of malignancy then the offered coverage may be limited
18 to the provision of prosthetic devices and reconstructive
19 surgery to within 2 years after the date of the mastectomy. As
20 used in this Section, "mastectomy" means the removal of all or
21 part of the breast for medically necessary reasons, as
22 determined by a licensed physician.

23 Written notice of the availability of coverage under this
24 Section shall be delivered to the insured upon enrollment and
25 annually thereafter. An insurer may not deny to an insured
26 eligibility, or continued eligibility, to enroll or to renew

1 coverage under the terms of the plan solely for the purpose of
2 avoiding the requirements of this Section. An insurer may not
3 penalize or reduce or limit the reimbursement of an attending
4 provider or provide incentives (monetary or otherwise) to an
5 attending provider to induce the provider to provide care to an
6 insured in a manner inconsistent with this Section.

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

13 (Source: P.A. 100-395, eff. 1-1-18; 101-580, eff. 1-1-20.)