



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5103

Introduced 2/8/2024, by Rep. Jed Davis - Kelly M. Cassidy

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356u

Amends the Illinois Insurance Code. In a provision concerning coverage of certain cancer screenings, adds having a high level of CA-125, as indicated by a blood test screening, to the definition of "at risk for ovarian cancer". Provides that "surveillance tests for ovarian cancer" means all medically viable methods for the detection and diagnosis of ovarian cancer, including, but not limited to, ultrasounds, magnetic resonance imagings (MRIs), x-rays, computed tomography (CT) scans, and CA-125 blood test screenings (instead of an annual screening using (i) CA-125 serum tumor marker testing, (ii) transvaginal ultrasound, (iii) pelvic examination).

LRB103 37231 RPS 67350 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 356u as follows:

6 (215 ILCS 5/356u)

7 (Text of Section before amendment by P.A. 103-30)

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

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

16 (1) An annual cervical smear or Pap smear test for
17 female insureds.

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

21 (A) asymptomatic men age 50 and over;

22 (B) African-American men age 40 and over; and

23 (C) men age 40 and over with a family history of

1 prostate cancer.

2 (3) Surveillance tests for ovarian cancer for female
3 insureds who are at risk for ovarian cancer.

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

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

12 (d) For the purposes of this Section:

13 "At risk for ovarian cancer" means:

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

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

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

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

1 to:

2 (1) urinary analysis;

3 (2) serum biomarkers; and

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

6 "Surveillance tests for ovarian cancer" means all
7 medically viable methods for the detection and diagnosis of
8 ovarian cancer, including, but not limited to, ultrasounds,
9 magnetic resonance imagings (MRIs), x-rays, computed
10 tomography (CT) scans, and CA-125 blood test screenings.

11 ~~annual screening using (i) CA-125 serum tumor marker testing,~~
12 ~~(ii) transvaginal ultrasound, (iii) pelvic examination.~~

13 (Source: P.A. 102-1073, eff. 1-1-23.)

14 (Text of Section after amendment by P.A. 103-30)

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

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

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

25 (2) An annual prostate cancer screening for insureds

1 upon the recommendation of a physician licensed to
2 practice medicine in all its branches for:

3 (A) asymptomatic individuals age 50 and over;

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

5 and

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

9 (3) Surveillance tests for ovarian cancer for insureds
10 who are at risk for ovarian cancer.

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

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

19 (d) For the purposes of this Section:

20 "At risk for ovarian cancer" means:

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

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

26 (3) having a high level of CA-125, as indicated by a

1 blood test screening.

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

9 (1) urinary analysis;

10 (2) serum biomarkers; and

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

13 "Surveillance tests for ovarian cancer" means all
14 medically viable methods for the detection and diagnosis of
15 ovarian cancer, including, but not limited to, ultrasounds,
16 magnetic resonance imagings (MRIs), x-rays, computed
17 tomography (CT) scans, and CA-125 blood test screenings.
18 ~~annual screening using (i) CA 125 serum tumor marker testing,~~
19 ~~(ii) transvaginal ultrasound, (iii) pelvic examination.~~

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