

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 as follows:

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall
9 provide the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t of the Illinois Insurance Code. The program of
12 health benefits shall provide the coverage required under
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,
14 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,
15 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
16 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
17 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
18 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
19 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68,
20 and 356z.70 of the Illinois Insurance Code. The program of
21 health benefits must comply with Sections 155.22a, 155.37,
22 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the
23 Illinois Insurance Code. The program of health benefits shall

1 provide the coverage required under Section 356m of the
2 Illinois Insurance Code and, for the employees of the State
3 Employee Group Insurance Program only, the coverage as also
4 provided in Section 6.11B of this Act. The Department of
5 Insurance shall enforce the requirements of this Section with
6 respect to Sections 370c and 370c.1 of the Illinois Insurance
7 Code; all other requirements of this Section shall be enforced
8 by the Department of Central Management Services.

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

15 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
16 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
17 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
18 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
19 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
20 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
21 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
22 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
23 8-11-23; revised 8-29-23.)

24 Section 10. The Counties Code is amended by changing
25 Section 5-1069.3 as follows:

1 (55 ILCS 5/5-1069.3)

2 Sec. 5-1069.3. Required health benefits. If a county,
3 including a home rule county, is a self-insurer for purposes
4 of providing health insurance coverage for its employees, the
5 coverage shall include coverage for the post-mastectomy care
6 benefits required to be covered by a policy of accident and
7 health insurance under Section 356t and the coverage required
8 under Sections 356g, 356g.5, 356g.5-1, 356q, 356u, 356u.10,
9 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,
10 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,
11 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36,
12 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
13 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~
14 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70
15 of the Illinois Insurance Code. The coverage shall comply with
16 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois
17 Insurance Code. The Department of Insurance shall enforce the
18 requirements of this Section. The requirement that health
19 benefits be covered as provided in this Section is an
20 exclusive power and function of the State and is a denial and
21 limitation under Article VII, Section 6, subsection (h) of the
22 Illinois Constitution. A home rule county to which this
23 Section applies must comply with every provision of this
24 Section.

25 Rulemaking authority to implement Public Act 95-1045, if

1 any, is conditioned on the rules being adopted in accordance
2 with all provisions of the Illinois Administrative Procedure
3 Act and all rules and procedures of the Joint Committee on
4 Administrative Rules; any purported rule not so adopted, for
5 whatever reason, is unauthorized.

6 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
8 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
9 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
10 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
11 1-1-23; 102-1117, eff. 1-13-23; 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; revised
14 8-29-23.)

15 Section 15. The Illinois Municipal Code is amended by
16 changing Section 10-4-2.3 as follows:

17 (65 ILCS 5/10-4-2.3)

18 Sec. 10-4-2.3. Required health benefits. If a
19 municipality, including a home rule municipality, is a
20 self-insurer for purposes of providing health insurance
21 coverage for its employees, the coverage shall include
22 coverage for the post-mastectomy care benefits required to be
23 covered by a policy of accident and health insurance under
24 Section 356t and the coverage required under Sections 356g,

1 356g.5, 356g.5-1, 356q, 356u, 356u.10, 356w, 356x, 356z.4,
2 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
3 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
4 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
5 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
6 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62,
7 356z.64, 356z.67, 356z.68, and 356z.70 of the Illinois
8 Insurance Code. The coverage shall comply with Sections
9 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
10 Code. The Department of Insurance shall enforce the
11 requirements of this Section. The requirement that health
12 benefits be covered as provided in this is an exclusive power
13 and function of the State and is a denial and limitation under
14 Article VII, Section 6, subsection (h) of the Illinois
15 Constitution. A home rule municipality to which this Section
16 applies must comply with every provision of this Section.

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

23 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
25 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
26 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;

1 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
2 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
3 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
4 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
5 8-29-23.)

6 Section 20. The School Code is amended by changing Section
7 10-22.3f as follows:

8 (105 ILCS 5/10-22.3f)

9 Sec. 10-22.3f. Required health benefits. Insurance
10 protection and benefits for employees shall provide the
11 post-mastectomy care benefits required to be covered by a
12 policy of accident and health insurance under Section 356t and
13 the coverage required under Sections 356g, 356g.5, 356g.5-1,
14 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6,
15 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
16 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
17 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
18 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,
19 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and
20 356z.70 of the Illinois Insurance Code. Insurance policies
21 shall comply with Section 356z.19 of the Illinois Insurance
22 Code. The coverage shall comply with Sections 155.22a, 355b,
23 and 370c of the Illinois Insurance Code. The Department of
24 Insurance shall enforce the requirements of this Section.

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

7 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
8 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
9 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
10 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
11 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
12 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
13 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
14 103-551, eff. 8-11-23; revised 8-29-23.)

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

17 (215 ILCS 5/356u.10 new)

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

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

24 (b) A group policy of accident and health insurance or

1 managed care plan that is amended, delivered, issued, or
2 renewed after January 1, 2026 shall provide coverage for
3 clinical genetic testing for an inherited gene mutation for
4 individuals with a personal or family history of cancer, as
5 recommended by a health care professional in accordance with
6 current evidence-based clinical practice guidelines,
7 including, but not limited to, the current version of the
8 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, to the extent that the
24 management recommendation is not already covered by the
25 policy, except that coverage for evidence-based screenings
26 under this subsection (c) may be subject to a deductible,

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

7 Section 30. The Health Maintenance Organization Act is
8 amended by changing Section 5-3 as follows:

9 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

10 Sec. 5-3. Insurance Code provisions.

11 (a) Health Maintenance Organizations shall be subject to
12 the provisions of Sections 133, 134, 136, 137, 139, 140,
13 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
14 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
15 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356u.10,
16 356v, 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
17 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,
18 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21,
19 356z.22, 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29,
20 356z.30, 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34,
21 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41,
22 356z.44, 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50,
23 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58,
24 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67,

1 356z.68, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
2 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
3 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
4 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
5 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
6 Illinois Insurance Code.

7 (b) For purposes of the Illinois Insurance Code, except
8 for Sections 444 and 444.1 and Articles XIII and XIII 1/2,
9 Health Maintenance Organizations in the following categories
10 are deemed to be "domestic companies":

11 (1) a corporation authorized under the Dental Service
12 Plan Act or the Voluntary Health Services Plans Act;

13 (2) a corporation organized under the laws of this
14 State; or

15 (3) a corporation organized under the laws of another
16 state, 30% or more of the enrollees of which are residents
17 of this State, except a corporation subject to
18 substantially the same requirements in its state of
19 organization as is a "domestic company" under Article VIII
20 1/2 of the Illinois Insurance Code.

21 (c) In considering the merger, consolidation, or other
22 acquisition of control of a Health Maintenance Organization
23 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

24 (1) the Director shall give primary consideration to
25 the continuation of benefits to enrollees and the
26 financial conditions of the acquired Health Maintenance

1 Organization after the merger, consolidation, or other
2 acquisition of control takes effect;

3 (2) (i) the criteria specified in subsection (1) (b) of
4 Section 131.8 of the Illinois Insurance Code shall not
5 apply and (ii) the Director, in making his determination
6 with respect to the merger, consolidation, or other
7 acquisition of control, need not take into account the
8 effect on competition of the merger, consolidation, or
9 other acquisition of control;

10 (3) the Director shall have the power to require the
11 following information:

12 (A) certification by an independent actuary of the
13 adequacy of the reserves of the Health Maintenance
14 Organization sought to be acquired;

15 (B) pro forma financial statements reflecting the
16 combined balance sheets of the acquiring company and
17 the Health Maintenance Organization sought to be
18 acquired as of the end of the preceding year and as of
19 a date 90 days prior to the acquisition, as well as pro
20 forma financial statements reflecting projected
21 combined operation for a period of 2 years;

22 (C) a pro forma business plan detailing an
23 acquiring party's plans with respect to the operation
24 of the Health Maintenance Organization sought to be
25 acquired for a period of not less than 3 years; and

26 (D) such other information as the Director shall

1 require.

2 (d) The provisions of Article VIII 1/2 of the Illinois
3 Insurance Code and this Section 5-3 shall apply to the sale by
4 any health maintenance organization of greater than 10% of its
5 enrollee population (including, without limitation, the health
6 maintenance organization's right, title, and interest in and
7 to its health care certificates).

8 (e) In considering any management contract or service
9 agreement subject to Section 141.1 of the Illinois Insurance
10 Code, the Director (i) shall, in addition to the criteria
11 specified in Section 141.2 of the Illinois Insurance Code,
12 take into account the effect of the management contract or
13 service agreement on the continuation of benefits to enrollees
14 and the financial condition of the health maintenance
15 organization to be managed or serviced, and (ii) need not take
16 into account the effect of the management contract or service
17 agreement on competition.

18 (f) Except for small employer groups as defined in the
19 Small Employer Rating, Renewability and Portability Health
20 Insurance Act and except for medicare supplement policies as
21 defined in Section 363 of the Illinois Insurance Code, a
22 Health Maintenance Organization may by contract agree with a
23 group or other enrollment unit to effect refunds or charge
24 additional premiums under the following terms and conditions:

25 (i) the amount of, and other terms and conditions with
26 respect to, the refund or additional premium are set forth

1 in the group or enrollment unit contract agreed in advance
2 of the period for which a refund is to be paid or
3 additional premium is to be charged (which period shall
4 not be less than one year); and

5 (ii) the amount of the refund or additional premium
6 shall not exceed 20% of the Health Maintenance
7 Organization's profitable or unprofitable experience with
8 respect to the group or other enrollment unit for the
9 period (and, for purposes of a refund or additional
10 premium, the profitable or unprofitable experience shall
11 be calculated taking into account a pro rata share of the
12 Health Maintenance Organization's administrative and
13 marketing expenses, but shall not include any refund to be
14 made or additional premium to be paid pursuant to this
15 subsection (f)). The Health Maintenance Organization and
16 the group or enrollment unit may agree that the profitable
17 or unprofitable experience may be calculated taking into
18 account the refund period and the immediately preceding 2
19 plan years.

20 The Health Maintenance Organization shall include a
21 statement in the evidence of coverage issued to each enrollee
22 describing the possibility of a refund or additional premium,
23 and upon request of any group or enrollment unit, provide to
24 the group or enrollment unit a description of the method used
25 to calculate (1) the Health Maintenance Organization's
26 profitable experience with respect to the group or enrollment

1 unit and the resulting refund to the group or enrollment unit
2 or (2) the Health Maintenance Organization's unprofitable
3 experience with respect to the group or enrollment unit and
4 the resulting additional premium to be paid by the group or
5 enrollment unit.

6 In no event shall the Illinois Health Maintenance
7 Organization Guaranty Association be liable to pay any
8 contractual obligation of an insolvent organization to pay any
9 refund authorized under this Section.

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

16 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
17 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
18 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
19 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
20 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
21 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
22 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
23 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
24 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
25 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

1 Section 35. The Voluntary Health Services Plans Act is
2 amended by changing Section 10 as follows:

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 Sec. 10. Application of Insurance Code provisions. Health
5 services plan corporations and all persons interested therein
6 or dealing therewith shall be subject to the provisions of
7 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
8 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
9 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356u.10, 356v,
10 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
11 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
12 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
13 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
14 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
15 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,
16 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,
17 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
18 and (15) of Section 367 of the Illinois Insurance Code.

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

25 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;

1 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
2 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
3 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
4 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
5 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
6 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
7 103-551, eff. 8-11-23; revised 8-29-23.)

8 Section 40. The Illinois Public Aid Code is amended by
9 adding Section 5-52 as follows:

10 (305 ILCS 5/5-52 new)

11 Sec. 5-52. Genetic testing and evidence-based screenings
12 for an inherited gene mutation.

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

17 (b) Subject to federal approval, the medical assistance
18 program, after January 1, 2026, shall provide coverage for
19 clinical genetic testing for an inherited gene mutation for
20 individuals with a personal or family history of cancer, as
21 recommended by a health care professional in accordance with
22 current evidence-based clinical practice guidelines,
23 including, but not limited to, the current version of the
24 National Comprehensive Cancer Network clinical practice

1 guidelines.

2 (c) For individuals with a genetic test that is positive
3 for an inherited mutation associated with an increased risk of
4 cancer, coverage required under this Section shall include any
5 evidence-based screenings, as recommended by a health care
6 professional in accordance with current evidence-based
7 clinical practice guidelines, to the extent that the
8 management recommendation is not already covered by the
9 medical assistance program. In this subsection,
10 "evidence-based cancer screenings" means medically recommended
11 evidence-based screening modalities in accordance with current
12 clinical practice guidelines.

13 Section 99. Effective date. This Section and Section 40
14 take effect January 1, 2025.