

1 AN ACT concerning insurance.

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 356x as follows:

6 (215 ILCS 5/356x)

7 Sec. 356x. Coverage for colorectal cancer examinations  
8 screening.

9 (a) An individual or group policy of accident and health  
10 insurance providing coverage on an expense incurred basis, a  
11 self-insured group arrangement to the extent not preempted by  
12 federal law, and a managed health care delivery plan of any  
13 type or description, that is amended, delivered, issued, or  
14 renewed on or after the effective date of this amendatory Act  
15 of the 93rd General Assembly that provides coverage to a  
16 resident of this State must provide benefits or coverage for  
17 all colorectal cancer examinations and laboratory tests for  
18 cancer for any asymptomatic covered individual.

19 Coverage required under this Section shall provide a  
20 covered individual, in consultation with his or her  
21 physician, with a choice of cancer examinations and  
22 laboratory tests, but only in accordance with the following  
23 frequency and type:

24 (1) For persons age 50 and over:

25 (A) either a fecal occult blood test or  
26 immunochemical fecal blood test conducted annually,  
27 or

28 (B) a flexible sigmoidoscopy conducted every 5  
29 years, or

30 (C) a fecal occult blood test or  
31 immunochemical fecal blood test conducted annually

1 in addition to a flexible sigmoidoscopy conducted  
2 every 5 years, or

3 (D) a double contrast barium enema conducted  
4 every 5 years, or

5 (E) a colonoscopy conducted every 10 years.

6 Coverage under this subdivision (1) permits  
7 additional screening only if the frequency period for the  
8 prior examination or test has expired.

9 (2) For persons at high risk for colorectal cancer,  
10 either a fecal occult blood test or immunochemical fecal  
11 blood test, a flexible sigmoidoscopy, a double contrast  
12 barium enema, or a colonoscopy at a frequency determined  
13 by the covered individual in consultation with his or her  
14 physician and in accordance with generally accepted  
15 medical standards.

16 An "individual at high risk for colorectal cancer" is an  
17 individual who, because of family history, prior experience  
18 of cancer or precursor neoplastic polyps, a history of  
19 chronic digestive disease (including inflammatory bowel  
20 disease, Crohn's Disease, or ulcerative colitis), the  
21 presence of any appropriate recognized gene markers for  
22 colorectal cancer, or other predisposing factors, faces a  
23 high risk of colorectal cancer.

24 The coverage required under this Section must meet the  
25 requirements set forth in subsection (b).

26 (b) To encourage colorectal cancer screenings, patients  
27 and health care providers must not be required to meet  
28 burdensome criteria or overcome obstacles to secure the  
29 coverage. An individual may not be required to pay an  
30 additional deductible or coinsurance for testing that is  
31 greater than an annual deductible or coinsurance established  
32 for similar benefits. If the program or contract does not  
33 cover a similar benefit, a deductible or coinsurance may not  
34 be set at a level that materially diminishes the value of the

1 colorectal cancer benefit required.

2 (c) An entity subject to this Section is not required  
3 under this Section to provide for a referral to a  
4 non-participating health care provider, unless the entity  
5 does not have an appropriate health care provider that is  
6 available and accessible to administer the screening exam and  
7 that is a participating health care provider with respect to  
8 the treatment.

9 (d) If an entity subject to this Section refers an  
10 individual to a non-participating health care provider  
11 pursuant to this Section, services provided pursuant to the  
12 approved screening exam or resulting treatment (if any) shall  
13 be provided at no additional cost to the insured beyond what  
14 the insured would otherwise pay for services provided by a  
15 participating health care provider. An insurer shall provide  
16 in each group policy, contract, or certificate of accident  
17 and health insurance amended, delivered, issued, or renewed  
18 covering persons who are residents of this State coverage for  
19 colorectal cancer screening with sigmoidoscopy or fecal  
20 occult blood testing once every 3 years for persons who are  
21 at least 50 years old.

22 (b) For persons who may be classified as high risk for  
23 colorectal cancer because the person or a first-degree family  
24 member of the person has a history of colorectal cancer, the  
25 coverage required under subsection (a) shall apply to persons  
26 who have attained at least 30 years of age.

27 (e) This Section does not apply to agreements,  
28 contracts, or policies that provide coverage for a specified  
29 disease or other limited-benefit coverage.

30 (Source: P.A. 90-741, eff. 1-1-99.)

31 Section 99. Effective date. This Act takes effect upon  
32 becoming law.