



Rep. Camille Y. Lilly

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LRB103 37130 RPS 72488 a

1 AMENDMENT TO HOUSE BILL 4562

2 AMENDMENT NO. _____. Amend House Bill 4562 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of
5 1971 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,

1 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
2 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
3 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68,
4 and 356z.70 of the Illinois Insurance Code. The program of
5 health benefits must comply with Sections 155.22a, 155.37,
6 355b, 356z.19, 370c, and 370c.1 and Article XXXIIB of the
7 Illinois Insurance Code. The program of health benefits shall
8 provide the coverage required under Section 356m of the
9 Illinois Insurance Code and, for the employees of the State
10 Employee Group Insurance Program only, the coverage as also
11 provided in Section 6.11B of this Act. The Department of
12 Insurance shall enforce the requirements of this Section with
13 respect to Sections 370c and 370c.1 of the Illinois Insurance
14 Code; all other requirements of this Section shall be enforced
15 by the Department of Central Management Services.

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

22 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
23 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
24 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
25 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
26 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.

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

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

7 (55 ILCS 5/5-1069.3)

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

1 benefits be covered as provided in this Section is an
2 exclusive power and function of the State and is a denial and
3 limitation under Article VII, Section 6, subsection (h) of the
4 Illinois Constitution. A home rule county to which this
5 Section applies must comply with every provision of this
6 Section.

7 Rulemaking authority to implement Public Act 95-1045, if
8 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. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
14 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
15 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
16 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
17 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
18 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
19 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
20 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
21 8-29-23.)

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

24 (65 ILCS 5/10-4-2.3)

1 Sec. 10-4-2.3. Required health benefits. If a
2 municipality, including a home rule municipality, is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, the coverage shall include
5 coverage for the post-mastectomy care benefits required to be
6 covered by a policy of accident and health insurance under
7 Section 356t and the coverage required under Sections 356g,
8 356g.5, 356g.5-1, 356q, 356u, 356u.10, 356w, 356x, 356z.4,
9 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
10 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,
11 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
12 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
13 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62,
14 356z.64, 356z.67, 356z.68, and 356z.70 of the Illinois
15 Insurance Code. The coverage shall comply with Sections
16 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance
17 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 is an exclusive power
20 and function of the State and is a denial and limitation under
21 Article VII, Section 6, subsection (h) of the Illinois
22 Constitution. A home rule municipality to which this Section
23 applies must comply with every provision of this Section.

24 Rulemaking authority to implement Public Act 95-1045, if
25 any, is conditioned on the rules being adopted in accordance
26 with all provisions of the Illinois Administrative Procedure

1 Act and all rules and procedures of the Joint Committee on
2 Administrative Rules; any purported rule not so adopted, for
3 whatever reason, is unauthorized.

4 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
5 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
6 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
7 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
8 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
9 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
10 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
11 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised
12 8-29-23.)

13 Section 20. The School Code is amended by changing Section
14 10-22.3f as follows:

15 (105 ILCS 5/10-22.3f)

16 Sec. 10-22.3f. Required health benefits. Insurance
17 protection and benefits for employees shall provide the
18 post-mastectomy care benefits required to be covered by a
19 policy of accident and health insurance under Section 356t and
20 the coverage required under Sections 356g, 356g.5, 356g.5-1,
21 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6,
22 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
23 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32,
24 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,

1 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,
2 ~~and~~ 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and
3 356z.70 of the Illinois Insurance Code. Insurance policies
4 shall comply with Section 356z.19 of the Illinois Insurance
5 Code. The coverage shall comply with Sections 155.22a, 355b,
6 and 370c of the Illinois Insurance Code. The Department of
7 Insurance shall enforce the requirements of this Section.

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

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

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

24 (215 ILCS 5/356u.10 new)

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

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

7 (b) A group policy of accident and health insurance or
8 managed care plan that is amended, delivered, issued, or
9 renewed after January 1, 2026 shall provide coverage for
10 clinical genetic testing for an inherited gene mutation for
11 individuals with a personal or family history of cancer, as
12 recommended by a health care professional in accordance with
13 current evidence-based clinical practice guidelines,
14 including, but not limited to, the current version of the
15 National Comprehensive Cancer Network clinical practice
16 guidelines. The coverage shall limit the total amount that a
17 covered person is required to pay for a clinical genetic test
18 under this subsection to an amount not to exceed \$50, except
19 for services for which cost sharing is prohibited under 42
20 U.S.C. 300gg-13. This subsection (b) shall not apply to
21 coverage of genetic testing to the extent such coverage would
22 disqualify a high-deductible health plan from eligibility for
23 a health savings account pursuant to Section 223 of the
24 Internal Revenue Code.

25 (c) For individuals with a genetic test that is positive
26 for an inherited mutation associated with an increased risk of

1 cancer, coverage required under this Section shall include any
2 evidence-based screenings, as recommended by a health care
3 professional in accordance with current evidence-based
4 clinical practice guidelines, to the extent that the
5 management recommendation is not already covered by the
6 policy, except that coverage for evidence-based screenings
7 under this subsection (c) may be subject to a deductible,
8 coinsurance, or other cost-sharing limitation so long as the
9 limitation is not greater than that required for other related
10 cancer risk management benefits covered under the policy. In
11 this subsection, "evidence-based cancer screenings" means
12 medically recommended evidence-based screening modalities in
13 accordance with current clinical practice guidelines.

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

16 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

17 Sec. 5-3. Insurance Code provisions.

18 (a) Health Maintenance Organizations shall be subject to
19 the provisions of Sections 133, 134, 136, 137, 139, 140,
20 141.1, 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153,
21 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a, 155.49,
22 355.2, 355.3, 355b, 355c, 356f, 356g.5-1, 356m, 356q, 356u.10,
23 356v, 356w, 356x, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5,
24 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13,

1 356z.14, 356z.15, 356z.17, 356z.18, 356z.19, 356z.20, 356z.21,
2 356z.22, 356z.23, 356z.24, 356z.25, 356z.26, 356z.28, 356z.29,
3 356z.30, 356z.30a, 356z.31, 356z.32, 356z.33, 356z.34,
4 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40, 356z.41,
5 356z.44, 356z.45, 356z.46, 356z.47, 356z.48, 356z.49, 356z.50,
6 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.58,
7 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.65, 356z.67,
8 356z.68, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
9 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
10 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
11 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
12 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
13 Illinois Insurance Code.

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

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

20 (2) a corporation organized under the laws of this
21 State; or

22 (3) a corporation organized under the laws of another
23 state, 30% or more of the enrollees of which are residents
24 of this State, except a corporation subject to
25 substantially the same requirements in its state of
26 organization as is a "domestic company" under Article VIII

1 1/2 of the Illinois Insurance Code.

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

5 (1) the Director shall give primary consideration to
6 the continuation of benefits to enrollees and the
7 financial conditions of the acquired Health Maintenance
8 Organization after the merger, consolidation, or other
9 acquisition of control takes effect;

10 (2) (i) the criteria specified in subsection (1) (b) of
11 Section 131.8 of the Illinois Insurance Code shall not
12 apply and (ii) the Director, in making his determination
13 with respect to the merger, consolidation, or other
14 acquisition of control, need not take into account the
15 effect on competition of the merger, consolidation, or
16 other acquisition of control;

17 (3) the Director shall have the power to require the
18 following information:

19 (A) certification by an independent actuary of the
20 adequacy of the reserves of the Health Maintenance
21 Organization sought to be acquired;

22 (B) pro forma financial statements reflecting the
23 combined balance sheets of the acquiring company and
24 the Health Maintenance Organization sought to be
25 acquired as of the end of the preceding year and as of
26 a date 90 days prior to the acquisition, as well as pro

1 forma financial statements reflecting projected
2 combined operation for a period of 2 years;

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

7 (D) such other information as the Director shall
8 require.

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

15 (e) In considering any management contract or service
16 agreement subject to Section 141.1 of the Illinois Insurance
17 Code, the Director (i) shall, in addition to the criteria
18 specified in Section 141.2 of the Illinois Insurance Code,
19 take into account the effect of the management contract or
20 service agreement on the continuation of benefits to enrollees
21 and the financial condition of the health maintenance
22 organization to be managed or serviced, and (ii) need not take
23 into account the effect of the management contract or service
24 agreement on competition.

25 (f) Except for small employer groups as defined in the
26 Small Employer Rating, Renewability and Portability Health

1 Insurance Act and except for medicare supplement policies as
2 defined in Section 363 of the Illinois Insurance Code, a
3 Health Maintenance Organization may by contract agree with a
4 group or other enrollment unit to effect refunds or charge
5 additional premiums under the following terms and conditions:

6 (i) the amount of, and other terms and conditions with
7 respect to, the refund or additional premium are set forth
8 in the group or enrollment unit contract agreed in advance
9 of the period for which a refund is to be paid or
10 additional premium is to be charged (which period shall
11 not be less than one year); and

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

1 The Health Maintenance Organization shall include a
2 statement in the evidence of coverage issued to each enrollee
3 describing the possibility of a refund or additional premium,
4 and upon request of any group or enrollment unit, provide to
5 the group or enrollment unit a description of the method used
6 to calculate (1) the Health Maintenance Organization's
7 profitable experience with respect to the group or enrollment
8 unit and the resulting refund to the group or enrollment unit
9 or (2) the Health Maintenance Organization's unprofitable
10 experience with respect to the group or enrollment unit and
11 the resulting additional premium to be paid by the group or
12 enrollment unit.

13 In no event shall the Illinois Health Maintenance
14 Organization Guaranty Association be liable to pay any
15 contractual obligation of an insolvent organization to pay any
16 refund authorized under this Section.

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

23 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
25 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
26 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;

1 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
2 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
3 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
4 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
5 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
6 eff. 1-1-24; 103-551, eff. 8-11-23; revised 8-29-23.)

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

9 (215 ILCS 165/10) (from Ch. 32, par. 604)

10 Sec. 10. Application of Insurance Code provisions. Health
11 services plan corporations and all persons interested therein
12 or dealing therewith shall be subject to the provisions of
13 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
14 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,
15 356g, 356g.5, 356g.5-1, 356q, 356r, 356t, 356u, 356u.10, 356v,
16 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,
17 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,
18 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,
19 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,
20 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,
21 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,
22 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,
23 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)
24 and (15) of Section 367 of the Illinois Insurance Code.

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; 102-203, eff. 1-1-22;
8 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
9 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 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; 102-901, eff. 7-1-22; 102-1093, eff.
12 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
13 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
14 103-551, eff. 8-11-23; revised 8-29-23.)

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

17 (305 ILCS 5/5-52 new)

18 Sec. 5-52. Genetic testing and evidence-based screenings
19 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) Subject to federal approval, the medical assistance

1 program, after January 1, 2026, shall provide coverage for
2 clinical genetic testing for an inherited gene mutation for
3 individuals with a personal or family history of cancer, as
4 recommended by a health care professional in accordance with
5 current evidence-based clinical practice guidelines,
6 including, but not limited to, the current version of the
7 National Comprehensive Cancer Network clinical practice
8 guidelines.

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

20 Section 99. Effective date. This Section and Section 40
21 take effect January 1, 2025."