

SB0054



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

SB0054

Introduced 1/15/2015, by Sen. John G. Mulroe

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356g

from Ch. 73, par. 968g

215 ILCS 125/4-6.1

from Ch. 111 1/2, par. 1408.7

Amends the Illinois Insurance Code and the Health Maintenance Organization Act. Includes breast tomosynthesis in the definition of "low-dose mammography".

LRB099 03946 MLM 23963 b

A BILL FOR

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 presence of occult breast cancer within the
13 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) A comprehensive ultrasound screening of an entire
2 breast or breasts if a mammogram demonstrates
3 heterogeneous or dense breast tissue, when medically
4 necessary as determined by a physician licensed to practice
5 medicine in all of its branches.

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

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

20 (a-10) When health care services are available through
21 contracted providers and a person does not comply with plan
22 provisions specific to the use of contracted providers, the
23 requirements of subsection (a-5) are not applicable. When a
24 person does not comply with plan provisions specific to the use
25 of contracted providers, plan provisions specific to the use of
26 non-contracted providers must be applied without distinction

1 for coverage required by this Section and shall be at least as
2 favorable as for other radiological examinations covered by the
3 policy or contract.

4 (b) No policy of accident or health insurance that provides
5 for the surgical procedure known as a mastectomy shall be
6 issued, amended, delivered, or renewed in this State unless
7 that coverage also provides for prosthetic devices or
8 reconstructive surgery incident to the mastectomy. Coverage
9 for breast reconstruction in connection with a mastectomy shall
10 include:

11 (1) reconstruction of the breast upon which the
12 mastectomy has been performed;

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

15 (3) prostheses and treatment for physical
16 complications at all stages of mastectomy, including
17 lymphedemas.

18 Care shall be determined in consultation with the attending
19 physician and the patient. The offered coverage for prosthetic
20 devices and reconstructive surgery shall be subject to the
21 deductible and coinsurance conditions applied to the
22 mastectomy, and all other terms and conditions applicable to
23 other benefits. When a mastectomy is performed and there is no
24 evidence of malignancy then the offered coverage may be limited
25 to the provision of prosthetic devices and reconstructive
26 surgery to within 2 years after the date of the mastectomy. As

1 used in this Section, "mastectomy" means the removal of all or
2 part of the breast for medically necessary reasons, as
3 determined by a licensed physician.

4 Written notice of the availability of coverage under this
5 Section shall be delivered to the insured upon enrollment and
6 annually thereafter. An insurer may not deny to an insured
7 eligibility, or continued eligibility, to enroll or to renew
8 coverage under the terms of the plan solely for the purpose of
9 avoiding the requirements of this Section. An insurer may not
10 penalize or reduce or limit the reimbursement of an attending
11 provider or provide incentives (monetary or otherwise) to an
12 attending provider to induce the provider to provide care to an
13 insured in a manner inconsistent with this Section.

14 (c) Rulemaking authority to implement this amendatory Act
15 of the 95th General Assembly, if any, is conditioned on the
16 rules being adopted in accordance with all provisions of the
17 Illinois Administrative Procedure Act and all rules and
18 procedures of the Joint Committee on Administrative Rules; any
19 purported rule not so adopted, for whatever reason, is
20 unauthorized.

21 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07;
22 95-1045, eff. 3-27-09.)

23 Section 10. The Health Maintenance Organization Act is
24 amended by changing Section 4-6.1 as follows:

1 (215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7)

2 Sec. 4-6.1. Mammograms; mastectomies.

3 (a) Every contract or evidence of coverage issued by a
4 Health Maintenance Organization for persons who are residents
5 of this State shall contain coverage for screening by low-dose
6 mammography for all women 35 years of age or older for the
7 presence of occult breast cancer. The coverage shall be as
8 follows:

9 (1) A baseline mammogram for women 35 to 39 years of
10 age.

11 (2) An annual mammogram for women 40 years of age or
12 older.

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

18 (4) A comprehensive ultrasound screening of an entire
19 breast or breasts if a mammogram demonstrates
20 heterogeneous or dense breast tissue, when medically
21 necessary as determined by a physician licensed to practice
22 medicine in all of its branches.

23 For purposes of this Section, "low-dose mammography" means
24 the x-ray examination of the breast using equipment dedicated
25 specifically for mammography, including the x-ray tube,
26 filter, compression device, and image receptor, with radiation

1 exposure delivery of less than 1 rad per breast for 2 views of
2 an average size breast. The term also includes digital
3 mammography and breast tomosynthesis. As used in this Section,
4 the term "breast tomosynthesis" means a radiologic procedure
5 that involves the acquisition of projection images over the
6 stationary breast to produce cross-sectional digital
7 three-dimensional images of the breast.

8 (a-5) Coverage as described in subsection (a) shall be
9 provided at no cost to the enrollee and shall not be applied to
10 an annual or lifetime maximum benefit.

11 (b) No contract or evidence of coverage issued by a health
12 maintenance organization that provides for the surgical
13 procedure known as a mastectomy shall be issued, amended,
14 delivered, or renewed in this State on or after the effective
15 date of this amendatory Act of the 92nd General Assembly unless
16 that coverage also provides for prosthetic devices or
17 reconstructive surgery incident to the mastectomy, providing
18 that the mastectomy is performed after the effective date of
19 this amendatory Act. Coverage for breast reconstruction in
20 connection with a mastectomy shall include:

21 (1) reconstruction of the breast upon which the
22 mastectomy has been performed;

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

25 (3) prostheses and treatment for physical
26 complications at all stages of mastectomy, including

1 lymphedemas.

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

14 Written notice of the availability of coverage under this
15 Section shall be delivered to the enrollee upon enrollment and
16 annually thereafter. A health maintenance organization may not
17 deny to an enrollee eligibility, or continued eligibility, to
18 enroll or to renew coverage under the terms of the plan solely
19 for the purpose of avoiding the requirements of this Section. A
20 health maintenance organization may not penalize or reduce or
21 limit the reimbursement of an attending provider or provide
22 incentives (monetary or otherwise) to an attending provider to
23 induce the provider to provide care to an insured in a manner
24 inconsistent with this Section.

25 (c) Rulemaking authority to implement this amendatory Act
26 of the 95th General Assembly, if any, is conditioned on the

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

6 (Source: P.A. 94-121, eff. 7-6-05; 95-431, eff. 8-24-07;
7 95-1045, eff. 3-27-09.)