

1 AN ACT concerning insurance coverage relating to 47
2 mastectomies and mammograms. 48

3 Be it enacted by the People of the State of Illinois, 52
4 represented in the General Assembly: 53

5 Section 5. The Illinois Insurance Code is amended by 56
6 changing Section 356g as follows: 57

7 (215 ILCS 5/356g) (from Ch. 73, par. 968g) 60

8 Sec. 356g. Mammograms; mastectomies. 62

9 (a) Every insurer shall provide in each group or 64
10 individual policy, contract, or certificate of insurance 65
11 issued or renewed for persons who are residents of this 66
12 State, coverage for screening by low-dose mammography for all 67
13 women 35 years of age or older for the presence of occult 68
14 breast cancer within the provisions of the policy, contract,
15 or certificate. The coverage shall be as follows: 69

16 (1) A baseline mammogram for women 35 to 39 years 71
17 of age.

18 (2) An annual mammogram for women 40 years of age 73
19 or older.

20 These benefits shall be at least as favorable as for 75
21 other radiological examinations and subject to the same 76
22 dollar limits, deductibles, and co-insurance factors. For 77
23 purposes of this Section, "low-dose mammography" means the 78
24 x-ray examination of the breast using equipment dedicated
25 specifically for mammography, including the x-ray tube, 79
26 filter, compression device, and image receptor, with 80
27 radiation exposure delivery of less than 1 rad per breast for 81
28 2 views of an average size breast.

29 (b) No policy of accident or health insurance that 83
30 provides for the surgical procedure known as a mastectomy 84
31 shall be issued, amended, delivered, or renewed in this State 85

Secretary of the Senate

Originated in the Senate

PUBLIC ACT 92-48

1 ~~on or after July 17, 1981~~, unless that coverage is also 86
2 provides offered for prosthetic devices or reconstructive 87
3 surgery incident to the mastectomy, ~~providing that the~~ 88
4 ~~mastectomy is performed after July 17, 1981~~. Coverage for 90
5 breast reconstruction in connection with a mastectomy shall
6 include: 91

7 (1) reconstruction of the breast upon which the 93
8 mastectomy has been performed; 94

9 (2) surgery and reconstruction of the other breast 96
10 to produce a symmetrical appearance; and 97

11 (3) prostheses and treatment for physical 99
12 complications at all stages of mastectomy, including 100
13 lymphedemas.

14 Care shall be determined in consultation with the attending 102
15 physician and the patient. The offered coverage for 104
16 prosthetic devices and reconstructive surgery shall be 105
17 subject to the deductible and coinsurance conditions applied 106
18 to the mastectomy, and all other terms and conditions 107
19 applicable to other benefits. When a mastectomy is performed 107
20 and there is no evidence of malignancy then the offered 108
21 coverage may be limited to the provision of prosthetic 109
22 devices and reconstructive surgery to within 2 years after 110
23 the date of the mastectomy. As used in this Section,
24 "mastectomy" means the removal of all or part of the breast 111
25 for medically necessary reasons, as determined by a licensed 112
26 physician.

27 Written notice of the availability of coverage under this 114
28 Section shall be delivered to the insured upon enrollment and 115
29 annually thereafter. An insurer may not deny to an insured 116
30 eligibility, or continued eligibility, to enroll or to renew 117
31 coverage under the terms of the plan solely for the purpose
32 of avoiding the requirements of this Section. An insurer may 118
33 not penalize or reduce or limit the reimbursement of an 120
34 attending provider or provide incentives (monetary or 121



1 otherwise) to an attending provider to induce the provider to
 2 provide care to an insured in a manner inconsistent with this 122
 3 Section.

4 (Source: P.A. 90-7, eff. 6-10-97.) 124

5 Section 10. The Health Maintenance Organization Act is 127
 6 amended by changing Section 4-6.1 as follows: 128

7 (215 ILCS 125/4-6.1) (from Ch. 111 1/2, par. 1408.7) 131

8 Sec. 4-6.1. Mammograms; mastectomies. 133

9 (a) Every contract or evidence of coverage issued by a 136
 10 Health Maintenance Organization for persons who are residents
 11 of this state shall contain coverage for screening by 137
 12 low-dose mammography for all women 35 years of age or older 138
 13 for the presence of occult breast cancer. The coverage shall 139
 14 be as follows:

15 (1) A baseline mammogram for women 35 to 39 years 141
 16 of age.

17 (2) An annual mammogram for women 40 years of age 143
 18 or older.

19 These benefits shall be at least as favorable as for 145
 20 other radiological examinations and subject to the same 146
 21 dollar limits, deductibles, and co-insurance factors. For 147
 22 purposes of this Section, "low-dose mammography" means the 148
 23 x-ray examination of the breast using equipment dedicated
 24 specifically for mammography, including the x-ray tube, 149
 25 filter, compression device, and image receptor, with 150
 26 radiation exposure delivery of less than 1 rad per breast for 151
 27 2 views of an average size breast.

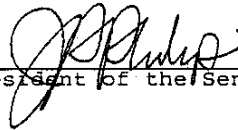
28 (b) No contract or evidence of coverage issued by a 153
 29 health maintenance organization that provides for the 154
 30 surgical procedure known as a mastectomy shall be issued, 155
 31 amended, delivered, or renewed in this State on or after the 156
 32 effective date of this amendatory Act of the 92nd General 157

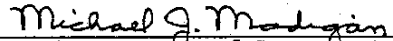
1 Assembly unless that coverage also provides for prosthetic
2 devices or reconstructive surgery incident to the mastectomy, 158
3 providing that the mastectomy is performed after the 159
4 effective date of this amendatory Act. Coverage for breast 160
5 reconstruction in connection with a mastectomy shall include: 162
6 (1) reconstruction of the breast upon which the 164
7 mastectomy has been performed; 165
8 (2) surgery and reconstruction of the other breast 167
9 to produce a symmetrical appearance; and 168
10 (3) prostheses and treatment for physical 170
11 complications at all stages of mastectomy, including 171
12 lymphedemas.
13 Care shall be determined in consultation with the attending 173
14 physician and the patient. The offered coverage for 175
15 prosthetic devices and reconstructive surgery shall be 176
16 subject to the deductible and coinsurance conditions applied 177
17 to the mastectomy and all other terms and conditions
18 applicable to other benefits. When a mastectomy is performed 178
19 and there is no evidence of malignancy, then the offered 179
20 coverage may be limited to the provision of prosthetic 180
21 devices and reconstructive surgery to within 2 years after 181
22 the date of the mastectomy. As used in this Section,
23 "mastectomy" means the removal of all or part of the breast 182
24 for medically necessary reasons, as determined by a licensed 183
25 physician.
26 Written notice of the availability of coverage under this 185
27 Section shall be delivered to the enrollee upon enrollment. 186
28 and annually thereafter. A health maintenance organization 187
29 may not deny to an enrollee eligibility, or continued 188
30 eligibility, to enroll or to renew coverage under the terms 189
31 of the plan solely for the purpose of avoiding the 190
32 requirements of this Section. A health maintenance
33 organization may not penalize or reduce or limit the 193
reimbursement of an attending provider or provide incentives



1 (monetary or otherwise) to an attending provider to induce 194
 2 the provider to provide care to an insured in a manner 195
 3 inconsistent with this Section.
 4 (Source: P.A. 90-7, eff. 6-10-97; 90-655, eff. 7-30-98.) 197

5 Section 99. Effective date. This Act takes effect upon 200
 6 becoming law.


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 President of the Senate 208


 _____ 211
 Speaker, House of Representatives 212

APPROVED

this 3rd day of July, 20 01 A.D.,



 GOVERNOR

