

AN ACT concerning local government.

**Be it enacted by the People of the State of Illinois,
represented in the General Assembly:**

Section 5. The Counties Code is amended by changing Section 5-1069 as follows:

(55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

Sec. 5-1069. Group life, health, accident, hospital, and medical insurance.

(a) The county board of any county may arrange to provide, for the benefit of employees of the county, group life, health, accident, hospital, and medical insurance, or any one or any combination of those types of insurance, or the county board may self-insure, for the benefit of its employees, all or a portion of the employees' group life, health, accident, hospital, and medical insurance, or any one or any combination of those types of insurance, including a combination of self-insurance and other types of insurance authorized by this Section, provided that the county board complies with all other requirements of this Section. The insurance may include provision for employees who rely on treatment by prayer or spiritual means alone for healing in accordance with the tenets and practice of a well recognized religious denomination. The county board may provide for payment by the

county of a portion or all of the premium or charge for the insurance with the employee paying the balance of the premium or charge, if any. If the county board undertakes a plan under which the county pays only a portion of the premium or charge, the county board shall provide for withholding and deducting from the compensation of those employees who consent to join the plan the balance of the premium or charge for the insurance.

(b) If the county board does not provide for self-insurance or for a plan under which the county pays a portion or all of the premium or charge for a group insurance plan, the county board may provide for withholding and deducting from the compensation of those employees who consent thereto the total premium or charge for any group life, health, accident, hospital, and medical insurance.

(c) The county board may exercise the powers granted in this Section only if it provides for self-insurance or, where it makes arrangements to provide group insurance through an insurance carrier, if the kinds of group insurance are obtained from an insurance company authorized to do business in the State of Illinois. The county board may enact an ordinance prescribing the method of operation of the insurance program.

(d) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall

include screening by low-dose mammography for all women 35 years of age or older for the presence of occult breast cancer unless the county elects to provide mammograms itself under Section 5-1069.1. The coverage shall be as follows:

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

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

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

(4) For a group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 101st General Assembly, a comprehensive ultrasound screening of an entire breast or breasts if a mammogram demonstrates heterogeneous or dense breast tissue or when medically necessary as determined by a physician licensed to practice medicine in all of its branches, advanced practice registered nurse, or physician assistant.

(5) For a group policy of accident and health insurance that is amended, delivered, issued, or renewed on or after the effective date of this amendatory Act of the 101st General Assembly, a diagnostic mammogram when

medically necessary, as determined by a physician licensed to practice medicine in all its branches, advanced practice registered nurse, or physician assistant.

A policy subject to this subsection shall not impose a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided; except that this sentence does not apply to coverage of diagnostic mammograms to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code (26 U.S.C. 223).

For purposes of this subsection:

"Diagnostic mammogram" means a mammogram obtained using diagnostic mammography.

"Diagnostic mammography" means a method of screening that is designed to evaluate an abnormality in a breast, including an abnormality seen or suspected on a screening mammogram or a subjective or objective abnormality otherwise detected in the breast.

"Low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography.

(d-5) Coverage as described by subsection (d) shall be

provided at no cost to the insured and shall not be applied to an annual or lifetime maximum benefit.

(d-10) When health care services are available through contracted providers and a person does not comply with plan provisions specific to the use of contracted providers, the requirements of subsection (d-5) are not applicable. When a person does not comply with plan provisions specific to the use of contracted providers, plan provisions specific to the use of non-contracted providers must be applied without distinction for coverage required by this Section and shall be at least as favorable as for other radiological examinations covered by the policy or contract.

(d-15) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include mastectomy coverage, which includes coverage for prosthetic devices or reconstructive surgery incident to the mastectomy. Coverage for breast reconstruction in connection with a mastectomy shall include:

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

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

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

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

A county, including a home rule county, that is a self-insurer for purposes of providing health insurance coverage for its employees, may not penalize or reduce or limit the reimbursement of an attending provider or provide incentives (monetary or otherwise) to an attending provider to induce the provider to provide care to an insured in a manner inconsistent with this Section.

(d-20) The requirement that mammograms be included in health insurance coverage as provided in subsections (d) through (d-15) is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution of home rule county powers. A home rule county to which subsections (d) through (d-15) apply must comply with every provision of those

subsections.

(e) The term "employees" as used in this Section includes elected or appointed officials but does not include temporary employees.

(f) The county board may, by ordinance, arrange to provide group life, health, accident, hospital, and medical insurance, or any one or a combination of those types of insurance, under this Section to retired former employees and retired former elected or appointed officials of the county.

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

(h) If a county, including a home rule county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include, on and after June 1, 2025, mental health counseling for any county employee who is a first responder without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided, except that this subsection does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section

223 of the Internal Revenue Code.

The requirement that mental health counseling be included in health insurance coverage as provided in this subsection is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution of home rule county powers.

As used in this subsection:

"First responders" means police and corrections officers, deputy sheriffs, firefighters, emergency medical services personnel, as that term is defined in Section 3.5 of the Emergency Medical Services (EMS) Systems Act, dispatched pursuant to a 9-1-1 call, emergency medical dispatchers, as that term is defined in Section 3.70 of the Emergency Medical Services (EMS) Systems Act, public safety telecommunicators, as that term is defined in Section 2 of the Emergency Telephone System Act, and mental health professionals employed and dispatched by any unit of local government in response to emergency crisis calls received on public emergency service lines instead of or in conjunction with law enforcement.

"Mental health counseling" means counseling therapy sessions provided by a clinical social worker, professional counselor, or licensed psychologist.

(Source: P.A. 100-513, eff. 1-1-18; 101-580, eff. 1-1-20.)

Section 10. The Illinois Municipal Code is amended by adding Section 10-4-2.4 as follows:

(65 ILCS 5/10-4-2.4 new)

Sec. 10-4-2.4. Mental health counseling.

(a) As used in this Section:

"First responders" means police and corrections officers, deputy sheriffs, firefighters, emergency medical services personnel, as that term is defined in Section 3.5 of the Emergency Medical Services (EMS) Systems Act, dispatched pursuant to a 9-1-1 call, emergency medical dispatchers, as that term is defined in Section 3.70 of the Emergency Medical Services (EMS) Systems Act, public safety telecommunicators, as that term is defined in Section 2 of the Emergency Telephone System Act, and mental health professionals employed and dispatched by any unit of local government in response to emergency crisis calls received on public emergency service lines instead of or in conjunction with law enforcement.

"Mental health counseling" means counseling therapy sessions provided by a clinical social worker, professional counselor, or licensed psychologist.

(b) If a municipality, including a home rule municipality, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include, on and after June 1, 2025, mental health counseling for any employee who is a first responder without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided, except that this Section

does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code.

(c) The requirement that mental health counseling be included in health insurance coverage as provided in this Section is an exclusive power and function of the State and is a denial and limitation under Article VII, Section 6, subsection (h) of the Illinois Constitution of home rule powers.

Section 15. The Fire Protection District Act is amended by adding Section 6.3 as follows:

(70 ILCS 705/6.3 new)

Sec. 6.3. Mental health counseling.

(a) As used in this Section:

"First responders" means firefighters, emergency medical services personnel, as that term is defined in Section 3.5 of the Emergency Medical Services (EMS) Systems Act, dispatched pursuant to a 9-1-1 call, emergency medical dispatchers, as that term is defined in Section 3.70 of the Emergency Medical Services (EMS) Systems Act, and public safety telecommunicators, as that term is defined in Section 2 of the Emergency Telephone System Act.

"Mental health counseling" means counseling therapy

sessions provided by a clinical social worker, professional counselor, or licensed psychologist.

(b) If a fire protection district is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include, on and after June 1, 2025, mental health counseling for any employee who is a first responder without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided, except that this Section does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to Section 223 of the Internal Revenue Code.