



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB4460

Introduced 1/16/2024, by Rep. Mary Gill

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11D new

55 ILCS 5/5-1069

65 ILCS 5/10-4-2

from Ch. 34, par. 5-1069

from Ch. 24, par. 10-4-2

Amends the State Employees Group Insurance Act of 1971, the Counties Code, and the Illinois Municipal Code. Provides that the State Employees Group Insurance Program (for Illinois State Police officers), a county (for members of the sheriff's office), and a municipality (for members of the police department or fire department) shall provide coverage for joint mental health therapy services for the officer or firefighter and a spouse or partner of the officer or firefighter who resides with officer or firefighter. Specifies that the coverage shall be provided without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement, except that, for Illinois State Police officers and the spouse or partner of the officer under the State Employees Group Insurance Act of 1971, only if all resources available to those individuals through the State of Illinois' Employee Assistance Program and any first responder mental health program available are first exhausted. Directs the joint mental health therapy services to be provided by a physician licensed to practice medicine in all of its branches, a licensed clinical psychologist, a licensed clinical social worker, a licensed clinical professional counselor, a licensed marriage and family therapist, a licensed social worker, or a licensed professional counselor. Limits the concurrent exercise of home rule powers. Effective January 1, 2025.

LRB103 36625 AWJ 66734 b

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

1 AN ACT concerning government.

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

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by adding Section 6.11D as follows:

6 (5 ILCS 375/6.11D new)

7 Sec. 6.11D. Joint mental health therapy services.

8 (a) The State Employees Group Insurance Program shall
9 provide coverage for joint mental health therapy services for
10 any Illinois State Police officer and any spouse or partner of
11 the officer who resides with the officer.

12 (b) No deductible, coinsurance, copayment, or any other
13 cost-sharing requirement may be imposed for coverage provided
14 under this Section if all resources available to the
15 individuals described in subsection (a) through the State of
16 Illinois' Employee Assistance Program and any first responder
17 mental health program available are first exhausted.

18 (c) The joint mental health therapy services provided
19 under subsection (a) shall be performed by a physician
20 licensed to practice medicine in all of its branches, a
21 licensed clinical psychologist, a licensed clinical social
22 worker, a licensed clinical professional counselor, a licensed
23 marriage and family therapist, a licensed social worker, or a

1 licensed professional counselor.

2 Section 10. The Counties Code is amended by changing
3 Section 5-1069 as follows:

4 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

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

7 (a) The county board of any county may arrange to provide,
8 for the benefit of employees of the county, group life,
9 health, accident, hospital, and medical insurance, or any one
10 or any combination of those types of insurance, or the county
11 board may self-insure, for the benefit of its employees, all
12 or a portion of the employees' group life, health, accident,
13 hospital, and medical insurance, or any one or any combination
14 of those types of insurance, including a combination of
15 self-insurance and other types of insurance authorized by this
16 Section, provided that the county board complies with all
17 other requirements of this Section. The insurance may include
18 provision for employees who rely on treatment by prayer or
19 spiritual means alone for healing in accordance with the
20 tenets and practice of a well recognized religious
21 denomination. The county board may provide for payment by the
22 county of a portion or all of the premium or charge for the
23 insurance with the employee paying the balance of the premium
24 or charge, if any. If the county board undertakes a plan under

1 which the county pays only a portion of the premium or charge,
2 the county board shall provide for withholding and deducting
3 from the compensation of those employees who consent to join
4 the plan the balance of the premium or charge for the
5 insurance.

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

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

21 (d) If a county, including a home rule county, is a
22 self-insurer for purposes of providing health insurance
23 coverage for its employees, the insurance coverage shall
24 include screening by low-dose mammography for all women 35
25 years of age or older for the presence of occult breast cancer
26 unless the county elects to provide mammograms itself under

1 Section 5-1069.1. The coverage shall be as follows:

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

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

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

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

20 (5) For a group policy of accident and health
21 insurance that is amended, delivered, issued, or renewed
22 on or after the effective date of this amendatory Act of
23 the 101st General Assembly, a diagnostic mammogram when
24 medically necessary, as determined by a physician licensed
25 to practice medicine in all its branches, advanced
26 practice registered nurse, or physician assistant.

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

9 For purposes of this subsection:

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

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

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

23 (d-5) Coverage as described by subsection (d) shall be
24 provided at no cost to the insured and shall not be applied to
25 an annual or lifetime maximum benefit.

26 (d-10) When health care services are available through

1 contracted providers and a person does not comply with plan
2 provisions specific to the use of contracted providers, the
3 requirements of subsection (d-5) are not applicable. When a
4 person does not comply with plan provisions specific to the
5 use of contracted providers, plan provisions specific to the
6 use of non-contracted providers must be applied without
7 distinction for coverage required by this Section and shall be
8 at least as favorable as for other radiological examinations
9 covered by the policy or contract.

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

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

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

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

24 Care shall be determined in consultation with the attending
25 physician and the patient. The offered coverage for prosthetic
26 devices and reconstructive surgery shall be subject to the

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

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

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

25 (d-25) If a county, including a home rule county, is a
26 self-insurer for purposes of providing health insurance

1 coverage, the insurance coverage shall include joint mental
2 health therapy services for any member of the Sheriff's
3 office, including the sheriff, and any spouse or partner of
4 the member who resides with the member.

5 No deductible, coinsurance, copayment, or any other
6 cost-sharing requirement may be imposed for coverage provided
7 under this subsection.

8 The joint mental health therapy services provided under
9 this subsection shall be performed by a physician licensed to
10 practice medicine in all of its branches, a licensed clinical
11 psychologist, a licensed clinical social worker, a licensed
12 clinical professional counselor, a licensed marriage and
13 family therapist, a licensed social worker, or a licensed
14 professional counselor.

15 This subsection is a limitation under subsection (i) of
16 Section 6 of Article VII of the Illinois Constitution on the
17 concurrent exercise by home rule units of powers and functions
18 exercised by the State.

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

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

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

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

9 Section 15. The Illinois Municipal Code is amended by
10 changing Section 10-4-2 as follows:

11 (65 ILCS 5/10-4-2) (from Ch. 24, par. 10-4-2)

12 Sec. 10-4-2. Group insurance.

13 (a) The corporate authorities of any municipality may
14 arrange to provide, for the benefit of employees of the
15 municipality, group life, health, accident, hospital, and
16 medical insurance, or any one or any combination of those
17 types of insurance, and may arrange to provide that insurance
18 for the benefit of the spouses or dependents of those
19 employees. The insurance may include provision for employees
20 or other insured persons who rely on treatment by prayer or
21 spiritual means alone for healing in accordance with the
22 tenets and practice of a well recognized religious
23 denomination. The corporate authorities may provide for
24 payment by the municipality of a portion of the premium or

1 charge for the insurance with the employee paying the balance
2 of the premium or charge. If the corporate authorities
3 undertake a plan under which the municipality pays a portion
4 of the premium or charge, the corporate authorities shall
5 provide for withholding and deducting from the compensation of
6 those municipal employees who consent to join the plan the
7 balance of the premium or charge for the insurance.

8 (b) If the corporate authorities do not provide for a plan
9 under which the municipality pays a portion of the premium or
10 charge for a group insurance plan, the corporate authorities
11 may provide for withholding and deducting from the
12 compensation of those employees who consent thereto the
13 premium or charge for any group life, health, accident,
14 hospital, and medical insurance.

15 (c) The corporate authorities may exercise the powers
16 granted in this Section only if the kinds of group insurance
17 are obtained from an insurance company authorized to do
18 business in the State of Illinois, or are obtained through an
19 intergovernmental joint self-insurance pool as authorized
20 under the Intergovernmental Cooperation Act. The corporate
21 authorities may enact an ordinance prescribing the method of
22 operation of the insurance program.

23 (d) If a municipality, including a home rule municipality,
24 is a self-insurer for purposes of providing health insurance
25 coverage for its employees, the insurance coverage shall
26 include screening by low-dose mammography for all women 35

1 years of age or older for the presence of occult breast cancer
2 unless the municipality elects to provide mammograms itself
3 under Section 10-4-2.1. The coverage shall be as follows:

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

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

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

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

21 (5) For a group policy of accident and health
22 insurance that is amended, delivered, issued, or renewed
23 on or after the effective date of this amendatory Act of
24 the 101st General Assembly, a diagnostic mammogram when
25 medically necessary, as determined by a physician licensed
26 to practice medicine in all its branches, advanced

1 practice registered nurse, or physician assistant.

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

10 For purposes of this subsection:

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

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

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

24 (d-5) Coverage as described by subsection (d) shall be
25 provided at no cost to the insured and shall not be applied to
26 an annual or lifetime maximum benefit.

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

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

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

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

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

25 Care shall be determined in consultation with the attending
26 physician and the patient. The offered coverage for prosthetic

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

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

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

26 (d-25) If a municipality, including a home rule

1 municipality, is a self-insurer for purposes of providing
2 health insurance coverage for its employees, the insurance
3 coverage shall include joint mental health therapy services
4 for any member of the municipality's police department or fire
5 department and any spouse or partner of the member who resides
6 with the member.

7 No deductible, coinsurance, copayment, or any other
8 cost-sharing requirement may be imposed for coverage provided
9 under this subsection.

10 The joint mental health therapy services provided under
11 this subsection shall be performed by a physician licensed to
12 practice medicine in all of its branches, a licensed clinical
13 psychologist, a licensed clinical social worker, a licensed
14 clinical professional counselor, a licensed marriage and
15 family therapist, a licensed social worker, or a licensed
16 professional counselor.

17 This subsection is a limitation under subsection (i) of
18 Section 6 of Article VII of the Illinois Constitution on the
19 concurrent exercise by home rule units of powers and functions
20 exercised by the State.

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

1 (Source: P.A. 100-863, eff. 8-14-18; 101-580, eff. 1-1-20.)

2 Section 99. Effective date. This Act takes effect January
3 1, 2025.