

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 or police officer of an
11 institution of higher education and any spouse or partner of
12 the officer who resides with the officer.

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

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

1 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

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

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

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

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

16 (d) If a county, including a home rule county, is a
17 self-insurer for purposes of providing health insurance
18 coverage for its employees, the insurance coverage shall
19 include screening by low-dose mammography for all women 35
20 years of age or older for the presence of occult breast cancer
21 unless the county elects to provide mammograms itself under
22 Section 5-1069.1. The coverage shall be as follows:

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

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

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

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

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

22 A policy subject to this subsection shall not impose a
23 deductible, coinsurance, copayment, or any other cost-sharing
24 requirement on the coverage provided; except that this
25 sentence does not apply to coverage of diagnostic mammograms
26 to the extent such coverage would disqualify a high-deductible

1 health plan from eligibility for a health savings account
2 pursuant to Section 223 of the Internal Revenue Code (26
3 U.S.C. 223).

4 For purposes of this subsection:

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

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

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

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

21 (d-10) When health care services are available through
22 contracted providers and a person does not comply with plan
23 provisions specific to the use of contracted providers, the
24 requirements of subsection (d-5) are not applicable. When a
25 person does not comply with plan provisions specific to the
26 use of contracted providers, plan provisions specific to the

1 use of non-contracted providers must be applied without
2 distinction for coverage required by this Section and shall be
3 at least as favorable as for other radiological examinations
4 covered by the policy or contract.

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

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

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

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

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

1 reconstructive surgery to within 2 years after the date of the
2 mastectomy. As used in this Section, "mastectomy" means the
3 removal of all or part of the breast for medically necessary
4 reasons, as determined by a licensed physician.

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

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

20 (d-25) If a county, including a home rule county, is a
21 self-insurer for purposes of providing health insurance
22 coverage, the insurance coverage shall include joint mental
23 health therapy services for any member of the Sheriff's
24 office, including the sheriff, and any spouse or partner of
25 the member who resides with the member.

26 The joint mental health therapy services provided under

1 this subsection shall be performed by a physician licensed to
2 practice medicine in all of its branches, a licensed clinical
3 psychologist, a licensed clinical social worker, a licensed
4 clinical professional counselor, a licensed marriage and
5 family therapist, a licensed social worker, or a licensed
6 professional counselor.

7 This subsection is a limitation under subsection (i) of
8 Section 6 of Article VII of the Illinois Constitution on the
9 concurrent exercise by home rule units of powers and functions
10 exercised by the State.

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

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

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

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

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

3 (65 ILCS 5/10-4-2) (from Ch. 24, par. 10-4-2)

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

5 (a) The corporate authorities of any municipality may
6 arrange to provide, for the benefit of employees of the
7 municipality, group life, health, accident, hospital, and
8 medical insurance, or any one or any combination of those
9 types of insurance, and may arrange to provide that insurance
10 for the benefit of the spouses or dependents of those
11 employees. The insurance may include provision for employees
12 or other insured persons who rely on treatment by prayer or
13 spiritual means alone for healing in accordance with the
14 tenets and practice of a well recognized religious
15 denomination. The corporate authorities may provide for
16 payment by the municipality of a portion of the premium or
17 charge for the insurance with the employee paying the balance
18 of the premium or charge. If the corporate authorities
19 undertake a plan under which the municipality pays a portion
20 of the premium or charge, the corporate authorities shall
21 provide for withholding and deducting from the compensation of
22 those municipal employees who consent to join the plan the
23 balance of the premium or charge for the insurance.

24 (b) If the corporate authorities do not provide for a plan

1 under which the municipality pays a portion of the premium or
2 charge for a group insurance plan, the corporate authorities
3 may provide for withholding and deducting from the
4 compensation of those employees who consent thereto the
5 premium or charge for any group life, health, accident,
6 hospital, and medical insurance.

7 (c) The corporate authorities may exercise the powers
8 granted in this Section only if the kinds of group insurance
9 are obtained from an insurance company authorized to do
10 business in the State of Illinois, or are obtained through an
11 intergovernmental joint self-insurance pool as authorized
12 under the Intergovernmental Cooperation Act. The corporate
13 authorities may enact an ordinance prescribing the method of
14 operation of the insurance program.

15 (d) If a municipality, including a home rule municipality,
16 is a self-insurer for purposes of providing health insurance
17 coverage for its employees, the insurance coverage shall
18 include screening by low-dose mammography for all women 35
19 years of age or older for the presence of occult breast cancer
20 unless the municipality elects to provide mammograms itself
21 under Section 10-4-2.1. The coverage shall be as follows:

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

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

26 (3) A mammogram at the age and intervals considered

1 medically necessary by the woman's health care provider
2 for women under 40 years of age and having a family history
3 of breast cancer, prior personal history of breast cancer,
4 positive genetic testing, or other risk factors.

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

13 (5) 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 diagnostic mammogram when
17 medically necessary, as determined by a physician licensed
18 to practice medicine in all its branches, advanced
19 practice registered nurse, or physician assistant.

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

1 U.S.C. 223).

2 For purposes of this subsection:

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

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

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

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

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

1 at least as favorable as for other radiological examinations
2 covered by the policy or contract.

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

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

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

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

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

1 removal of all or part of the breast for medically necessary
2 reasons, as determined by a licensed physician.

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

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

18 (d-25) If a municipality, including a home rule
19 municipality, is a self-insurer for purposes of providing
20 health insurance coverage for its employees, the insurance
21 coverage shall include joint mental health therapy services
22 for any member of the municipality's police department or fire
23 department and any spouse or partner of the member who resides
24 with the member.

25 The joint mental health therapy services provided under
26 this subsection shall be performed by a physician licensed to

1 practice medicine in all of its branches, a licensed clinical
2 psychologist, a licensed clinical social worker, a licensed
3 clinical professional counselor, a licensed marriage and
4 family therapist, a licensed social worker, or a licensed
5 professional counselor.

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

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

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

17 Section 20. The Fire Protection District Act is amended by
18 adding Section 6.3 as follows:

19 (70 ILCS 705/6.3 new)

20 Sec. 6.3. Health insurance; joint mental health therapy
21 services. If a fire protection district is a self-insurer for
22 purposes of providing health insurance coverage for officers
23 and members of the fire department, the insurance coverage
24 shall include joint mental health therapy services for any

1 officer or member of the fire department and any spouse or
2 partner of the officer or member who resides with the officer
3 or member. The joint mental health therapy services provided
4 under this Section shall be performed by a physician licensed
5 to practice medicine in all of its branches, a licensed
6 clinical psychologist, a licensed clinical social worker, a
7 licensed clinical professional counselor, a licensed marriage
8 and family therapist, a licensed social worker, or a licensed
9 professional counselor.

10 Section 99. Effective date. This Act takes effect January
11 1, 2025.