



Rep. Angelica Guerrero-Cuellar

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10300HB3812ham002

LRB103 27363 BMS 59716 a

1 AMENDMENT TO HOUSE BILL 3812

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 3812 by replacing  
3 everything after the enacting clause with the following:

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

6 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

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

9 (a) The county board of any county may arrange to provide,  
10 for the benefit of employees of the county, group life,  
11 health, accident, hospital, and medical insurance, or any one  
12 or any combination of those types of insurance, or the county  
13 board may self-insure, for the benefit of its employees, all  
14 or a portion of the employees' group life, health, accident,  
15 hospital, and medical insurance, or any one or any combination  
16 of those types of insurance, including a combination of

1 self-insurance and other types of insurance authorized by this  
2 Section, provided that the county board complies with all  
3 other requirements of this Section. The insurance may include  
4 provision for employees who rely on treatment by prayer or  
5 spiritual means alone for healing in accordance with the  
6 tenets and practice of a well recognized religious  
7 denomination. The county board may provide for payment by the  
8 county of a portion or all of the premium or charge for the  
9 insurance with the employee paying the balance of the premium  
10 or charge, if any. If the county board undertakes a plan under  
11 which the county pays only a portion of the premium or charge,  
12 the county board shall provide for withholding and deducting  
13 from the compensation of those employees who consent to join  
14 the plan the balance of the premium or charge for the  
15 insurance.

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

23 (c) The county board may exercise the powers granted in  
24 this Section only if it provides for self-insurance or, where  
25 it makes arrangements to provide group insurance through an  
26 insurance carrier, if the kinds of group insurance are

1 obtained from an insurance company authorized to do business  
2 in the State of Illinois. The county board may enact an  
3 ordinance prescribing the method of operation of the insurance  
4 program.

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

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

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

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

21 (4) 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 comprehensive ultrasound  
25 screening of an entire breast or breasts if a mammogram  
26 demonstrates heterogeneous or dense breast tissue or when

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

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

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

19 For purposes of this subsection:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1 include mental health counseling for any police officer,  
2 firefighter, emergency medical services personnel, or employee  
3 who is a veteran without imposing a deductible, coinsurance,  
4 copayment, or any other cost-sharing requirement on the  
5 coverage to the extent such coverage would disqualify a  
6 high-deductible health plan from eligibility from a health  
7 savings account pursuant to Section 223 of the Internal  
8 Revenue Code.

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

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

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

17 (65 ILCS 5/10-4-2.4 new)

18 Sec. 10-4-2.4. Mental health counseling. If a  
19 municipality, including a home rule municipality, is a  
20 self-insurer for purposes of providing health insurance  
21 coverage for its employees, the insurance coverage shall  
22 include mental health counseling for any police officer,  
23 firefighter, emergency medical services personnel, or employee  
24 who is a veteran without imposing a deductible, coinsurance,



1 copayment, or any other cost-sharing requirement on the  
2 coverage to the extent such coverage would disqualify a  
3 high-deductible health plan from eligibility from a health  
4 savings account pursuant to Section 223 of the Internal  
5 Revenue Code.

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