

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

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

21 (55 ILCS 5/5-1069) (from Ch. 34, par. 5-1069)

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

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

26 (b) If the county board does not provide for

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

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

15 (d) If a county, including a home rule county, is a
16 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 county elects to provide mammograms itself under
21 Section 5-1069.1. 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, advanced
13 practice registered nurse, or physician assistant.

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

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

1 pursuant to Section 223 of the Internal Revenue Code (26
2 U.S.C. 223).

3 For purposes of this subsection:

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

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

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

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

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

1 distinction for coverage required by this Section and shall be
2 at least as favorable as for other radiological examinations
3 covered by the policy or contract.

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

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

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

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

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

1 mastectomy. As used in this Section, "mastectomy" means the
2 removal of all or part of the breast for medically necessary
3 reasons, as determined by a licensed physician.

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

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

19 (d-25) If a county, including a home rule county, is a
20 self-insurer for purposes of providing health insurance
21 coverage, the insurance coverage shall include joint mental
22 health therapy services for any member of the Sheriff's
23 office, including the sheriff, and any spouse or partner of
24 the member who resides 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) The term "employees" as used in this Section includes
11 elected or appointed officials but does not include temporary
12 employees.

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

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

25 (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
25 under which the municipality pays a portion of the premium or

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

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

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

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

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

25 (3) A mammogram at the age and intervals considered
26 medically necessary by the woman's health care provider

1 for women under 40 years of age and having a family history
2 of breast cancer, prior personal history of breast cancer,
3 positive genetic testing, or other risk factors.

4 (4) 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 comprehensive ultrasound
8 screening of an entire breast or breasts if a mammogram
9 demonstrates heterogeneous or dense breast tissue or when
10 medically necessary as determined by a physician licensed
11 to practice medicine in all of its branches.

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

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

1 For purposes of this subsection:

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

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

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

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

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

1 covered by the policy or contract.

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

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

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

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

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

1 reasons, as determined by a licensed physician.

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

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

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

24 The joint mental health therapy services provided under
25 this subsection shall be performed by a physician licensed to
26 practice medicine in all of its branches, a licensed clinical

1 psychologist, a licensed clinical social worker, a licensed
2 clinical professional counselor, a licensed marriage and
3 family therapist, a licensed social worker, or a licensed
4 professional counselor.

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

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

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

16 Section 99. Effective date. This Act takes effect January
17 1, 2025.