



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3538

Introduced 2/9/2024, by Sen. Michael E. Hastings

SYNOPSIS AS INTRODUCED:

55 ILCS 5/5-1069

from Ch. 34, par. 5-1069

65 ILCS 5/10-4-2.4 new

Amends the Counties Code and the Illinois Municipal Code. Provides that, if a municipality or county, including a home rule municipality or county, is a self-insurer for purposes of providing health insurance coverage for its employees, the insurance coverage shall include mental health counseling for any employee who is a first responder, including police and corrections officers, deputy sheriffs, firefighters, or emergency medical services personnel, without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided. Specifies that this requirement does not apply to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to the Internal Revenue Code. Preempts home rule.

LRB103 36871 AWJ 66983 b

STATE MANDATES
ACT MAY REQUIRE
REIMBURSEMENT

A BILL FOR

1 AN ACT concerning local government.

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

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
17 self-insurance and other types of insurance authorized by this
18 Section, provided that the county board complies with all
19 other requirements of this Section. The insurance may include
20 provision for employees 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 county board may provide for payment by the

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

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

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

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

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

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

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

14 (4) 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 comprehensive ultrasound
18 screening of an entire breast or breasts if a mammogram
19 demonstrates heterogeneous or dense breast tissue or when
20 medically necessary as determined by a physician licensed
21 to practice medicine in all of its branches, advanced
22 practice registered nurse, or physician assistant.

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

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

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

12 For purposes of this subsection:

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

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

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

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

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

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

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

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

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

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

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

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

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

1 subsections.

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

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

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

17 (h) If a county, including a home rule county, is a
18 self-insurer for purposes of providing health insurance
19 coverage for its employees, the insurance coverage shall
20 include mental health counseling for any employee who is a
21 first responder, including police and corrections officers,
22 deputy sheriffs, firefighters, or emergency medical services
23 personnel, without imposing a deductible, coinsurance,
24 copayment, or any other cost-sharing requirement on the
25 coverage provided, except that this subsection does not apply
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.

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

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

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

11 (65 ILCS 5/10-4-2.4 new)

12 Sec. 10-4-2.4. Mental health counseling. If a
13 municipality, including a home rule municipality, is a
14 self-insurer for purposes of providing health insurance
15 coverage for its employees, the insurance coverage shall
16 include mental health counseling for any employee who is a
17 first responder, including police and corrections officers,
18 deputy sheriffs, firefighters, or emergency medical services
19 personnel, without imposing a deductible, coinsurance,
20 copayment, or any other cost-sharing requirement on the
21 coverage provided, except that this Section does not apply to
22 the extent such coverage would disqualify a high-deductible
23 health plan from eligibility for a health savings account
24 pursuant to Section 223 of the Internal Revenue Code.

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