



Rep. Angelica Guerrero-Cuellar

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1 AMENDMENT TO SENATE BILL 3538

2 AMENDMENT NO. _____. Amend Senate Bill 3538 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, on and after June 1, 2025, mental health counseling
2 for any county employee who is a first responder without
3 imposing a deductible, coinsurance, copayment, or any other
4 cost-sharing requirement on the coverage provided, except that
5 this subsection does not apply to the extent such coverage
6 would disqualify a high-deductible health plan from
7 eligibility for a health savings account pursuant to Section
8 223 of the Internal 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 As used in this subsection:

15 "First responders" means police and corrections officers,
16 deputy sheriffs, firefighters, emergency medical services
17 personnel, as that term is defined in Section 3.5 of the
18 Emergency Medical Services (EMS) Systems Act, dispatched
19 pursuant to a 9-1-1 call, emergency medical dispatchers, as
20 that term is defined in Section 3.70 of the Emergency Medical
21 Services (EMS) Systems Act, public safety telecommunicators,
22 as that term is defined in Section 2 of the Emergency Telephone
23 System Act, and mental health professionals employed and
24 dispatched by any unit of local government in response to
25 emergency crisis calls received on public emergency service
26 lines instead of or in conjunction with law enforcement.

1 "Mental health counseling" means counseling therapy
2 sessions provided by a clinical social worker, professional
3 counselor, or licensed psychologist.

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

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

7 (65 ILCS 5/10-4-2.4 new)

8 Sec. 10-4-2.4. Mental health counseling.

9 (a) As used in this Section:

10 "First responders" means police and corrections officers,
11 deputy sheriffs, firefighters, emergency medical services
12 personnel, as that term is defined in Section 3.5 of the
13 Emergency Medical Services (EMS) Systems Act, dispatched
14 pursuant to a 9-1-1 call, emergency medical dispatchers, as
15 that term is defined in Section 3.70 of the Emergency Medical
16 Services (EMS) Systems Act, public safety telecommunicators,
17 as that term is defined in Section 2 of the Emergency Telephone
18 System Act, and mental health professionals employed and
19 dispatched by any unit of local government in response to
20 emergency crisis calls received on public emergency service
21 lines instead of or in conjunction with law enforcement.

22 "Mental health counseling" means counseling therapy
23 sessions provided by a clinical social worker, professional
24 counselor, or licensed psychologist.

1 (b) If a municipality, including a home rule municipality,
2 is a self-insurer for purposes of providing health insurance
3 coverage for its employees, the insurance coverage shall
4 include, on and after June 1, 2025, mental health counseling
5 for any employee who is a first responder without imposing a
6 deductible, coinsurance, copayment, or any other cost-sharing
7 requirement on the coverage provided, except that this Section
8 does not apply to the extent such coverage would disqualify a
9 high-deductible health plan from eligibility for a health
10 savings account pursuant to Section 223 of the Internal
11 Revenue Code.

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