

SB2770



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB2770

Introduced 1/13/2026, by Sen. Patrick J. Joyce

SYNOPSIS AS INTRODUCED:

55 ILCS 5/5-1069
65 ILCS 5/10-4-2.4

Amends the Counties Code and the Illinois Municipal Code. Provides that county medical examiners and coroners are first responders for the purposes of provisions requiring a county to provide health insurance coverage for its employees who are first responders without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement.

LRB104 16719 RTM 30125 b

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)

7 (Text of Section before amendment by P.A. 103-808)

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

10 (a) The county board of any county may arrange to provide,
11 for the benefit of employees of the county, group life,
12 health, accident, hospital, and medical insurance, or any one
13 or any combination of those types of insurance, or the county
14 board may self-insure, for the benefit of its employees, all
15 or a portion of the employees' group life, health, accident,
16 hospital, and medical insurance, or any one or any combination
17 of those types of insurance, including a combination of
18 self-insurance and other types of insurance authorized by this
19 Section, provided that the county board complies with all
20 other requirements of this Section. The insurance may include
21 provision for employees who rely on treatment by prayer or
22 spiritual means alone for healing in accordance with the
23 tenets and practice of a well recognized religious

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

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

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

25 (d) If a county, including a home rule county, is a
26 self-insurer for purposes of providing health insurance

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

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

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

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

15 (4) For a group policy of accident and health
16 insurance that is amended, delivered, issued, or renewed
17 on or after January 1, 2020 (the effective date of Public
18 Act 101-580), a comprehensive ultrasound screening of an
19 entire breast or breasts if a mammogram demonstrates
20 heterogeneous or dense breast tissue or when medically
21 necessary as determined by a physician licensed to
22 practice medicine in all of its branches, advanced
23 practice registered nurse, or physician assistant.

24 (5) For a group policy of accident and health
25 insurance that is amended, delivered, issued, or renewed
26 on or after January 1, 2020 (the effective date of Public

1 Act 101-580), a diagnostic mammogram when medically
2 necessary, as determined by a physician licensed to
3 practice medicine in all its branches, advanced practice
4 registered nurse, or physician assistant.

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

13 For purposes of this subsection:

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

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

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

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

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

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

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

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

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

1 lymphedemas.

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

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

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

1 through (d-15) apply must comply with every provision of those
2 subsections.

3 (d-25) If a county, including a home rule county, is a
4 self-insurer for purposes of providing health insurance
5 coverage, the insurance coverage shall include joint mental
6 health therapy services for any member of the sheriff's
7 office, including the sheriff, and any spouse or partner of
8 the member who resides with the member.

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

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

20 (e) The term "employees" as used in this Section includes
21 elected or appointed officials but does not include temporary
22 employees.

23 (f) The county board may, by ordinance, arrange to provide
24 group life, health, accident, hospital, and medical insurance,
25 or any one or a combination of those types of insurance, under
26 this Section to retired former employees and retired former

1 elected or appointed officials of the county.

2 (g) Rulemaking authority to implement this amendatory Act
3 of the 95th General Assembly, if any, is conditioned on the
4 rules being adopted in accordance with all provisions of the
5 Illinois Administrative Procedure Act and all rules and
6 procedures of the Joint Committee on Administrative Rules; any
7 purported rule not so adopted, for whatever reason, is
8 unauthorized.

9 (h) If a county, including a home rule county, is a
10 self-insurer for purposes of providing health insurance
11 coverage for its employees, the insurance coverage shall
12 include, on and after June 1, 2025, mental health counseling
13 for any county employee who is a first responder without
14 imposing a deductible, coinsurance, copayment, or any other
15 cost-sharing requirement on the coverage provided, except that
16 this subsection does not apply to the extent such coverage
17 would disqualify a high-deductible health plan from
18 eligibility for a health savings account pursuant to Section
19 223 of the Internal Revenue Code.

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

25 As used in this subsection:

26 "First responders" means police and corrections officers;

1 ~~τ~~ deputy sheriffs; ~~τ~~ firefighters; ~~τ~~ emergency medical
2 services personnel, as that term is defined in Section 3.5 of
3 the Emergency Medical Services (EMS) Systems Act, dispatched
4 pursuant to a 9-1-1 call; ~~τ~~ emergency medical dispatchers, as
5 that term is defined in Section 3.70 of the Emergency Medical
6 Services (EMS) Systems Act; ~~τ~~ public safety telecommunicators,
7 as that term is defined in Section 2 of the Emergency Telephone
8 System Act; ~~τ~~ ~~and~~ mental health professionals employed and
9 dispatched by any unit of local government in response to
10 emergency crisis calls received on public emergency service
11 lines instead of or in conjunction with law enforcement; and
12 county medical examiners or coroners.

13 "Mental health counseling" means counseling therapy
14 sessions provided by a clinical social worker, professional
15 counselor, or licensed psychologist.

16 (Source: P.A. 103-818, eff. 1-1-25; 103-1011, eff. 1-1-25;
17 104-417, eff. 8-15-25; 104-417, eff. 8-15-25.)

18 (Text of Section after amendment by P.A. 103-808)

19 Sec. 5-1069. Group life, health, accident, hospital, and
20 medical insurance.

21 (a) The county board of any county may arrange to provide,
22 for the benefit of employees of the county, group life,
23 health, accident, hospital, and medical insurance, or any one
24 or any combination of those types of insurance, or the county
25 board may self-insure, for the benefit of its employees, all

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

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

26 (c) The county board may exercise the powers granted in

1 this Section only if it provides for self-insurance or, where
2 it makes arrangements to provide group insurance through an
3 insurance carrier, if the kinds of group insurance are
4 obtained from an insurance company authorized to do business
5 in the State of Illinois. The county board may enact an
6 ordinance prescribing the method of operation of the insurance
7 program.

8 (d) If a county, including a home rule county, is a
9 self-insurer for purposes of providing health insurance
10 coverage for its employees, the insurance coverage shall
11 include screening by low-dose mammography for all patients 35
12 years of age or older for the presence of occult breast cancer
13 unless the county elects to provide mammograms itself under
14 Section 5-1069.1. The coverage shall be as follows:

15 (1) A baseline mammogram for patients 35 to 39 years
16 of age.

17 (2) An annual mammogram for patients 40 years of age
18 or older.

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

24 (4) For a group policy of accident and health
25 insurance that is amended, delivered, issued, or renewed
26 on or after January 1, 2020 (the effective date of Public

1 Act 101-580), a comprehensive ultrasound screening of an
2 entire breast or breasts if a mammogram demonstrates
3 heterogeneous or dense breast tissue or when medically
4 necessary as determined by a physician licensed to
5 practice medicine in all of its branches, advanced
6 practice registered nurse, or physician assistant.

7 (4.5) For a group policy of accident and health
8 insurance that is amended, delivered, issued, or renewed
9 on or after January 1, 2026 (the effective date of Public
10 Act 103-808), molecular breast imaging (MBI) and magnetic
11 resonance imaging of an entire breast or breasts if a
12 mammogram demonstrates heterogeneous or dense breast
13 tissue or when medically necessary as determined by a
14 physician licensed to practice medicine in all of its
15 branches, advanced practice registered nurse, or physician
16 assistant.

17 (5) For a group policy of accident and health
18 insurance that is amended, delivered, issued, or renewed
19 on or after January 1, 2020 (the effective date of Public
20 Act 101-580), a diagnostic mammogram when medically
21 necessary, as determined by a physician licensed to
22 practice medicine in all its branches, advanced practice
23 registered nurse, or physician assistant.

24 A policy subject to this subsection shall not impose a
25 deductible, coinsurance, copayment, or any other cost-sharing
26 requirement on the coverage provided; except that this

1 sentence does not apply to coverage of diagnostic mammograms
2 to the extent such coverage would disqualify a high-deductible
3 health plan from eligibility for a health savings account
4 pursuant to Section 223 of the Internal Revenue Code (26
5 U.S.C. 223).

6 For purposes of this subsection:

7 "Diagnostic mammogram" means a mammogram obtained using
8 diagnostic mammography.

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

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

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

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

1 person does not comply with plan provisions specific to the
2 use of contracted providers, plan provisions specific to the
3 use of non-contracted providers must be applied without
4 distinction for coverage required by this Section and shall be
5 at least as favorable as for other radiological examinations
6 covered by the policy or contract.

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

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

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

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

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

1 evidence of malignancy then the offered coverage may be
2 limited to the provision of prosthetic devices and
3 reconstructive surgery to within 2 years after the date of the
4 mastectomy. As used in this Section, "mastectomy" means the
5 removal of all or part of the breast for medically necessary
6 reasons, as determined by a licensed physician.

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

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

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

1 the member who resides with the member.

2 The joint mental health therapy services provided under
3 this subsection shall be performed by a physician licensed to
4 practice medicine in all of its branches, a licensed clinical
5 psychologist, a licensed clinical social worker, a licensed
6 clinical professional counselor, a licensed marriage and
7 family therapist, a licensed social worker, or a licensed
8 professional counselor.

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

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

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

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

1 unauthorized.

2 (h) If a county, including a home rule county, is a
3 self-insurer for purposes of providing health insurance
4 coverage for its employees, the insurance coverage shall
5 include, on and after June 1, 2025, mental health counseling
6 for any county employee who is a first responder without
7 imposing a deductible, coinsurance, copayment, or any other
8 cost-sharing requirement on the coverage provided, except that
9 this subsection does not apply to the extent such coverage
10 would disqualify a high-deductible health plan from
11 eligibility for a health savings account pursuant to Section
12 223 of the Internal Revenue Code.

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

18 As used in this subsection:

19 "First responders" means police and corrections officers;
20 τ deputy sheriffs;τ firefighters;τ emergency medical
21 services personnel, as that term is defined in Section 3.5 of
22 the Emergency Medical Services (EMS) Systems Act, dispatched
23 pursuant to a 9-1-1 call;τ emergency medical dispatchers, as
24 that term is defined in Section 3.70 of the Emergency Medical
25 Services (EMS) Systems Act;τ public safety telecommunicators,
26 as that term is defined in Section 2 of the Emergency Telephone

1 System Act; ~~and~~ mental health professionals employed and
2 dispatched by any unit of local government in response to
3 emergency crisis calls received on public emergency service
4 lines instead of or in conjunction with law enforcement; and
5 county medical examiners or coroners.

6 "Mental health counseling" means counseling therapy
7 sessions provided by a clinical social worker, professional
8 counselor, or licensed psychologist.

9 (Source: P.A. 103-808, eff. 1-1-26; 103-818, eff. 1-1-25;
10 103-1011, eff. 1-1-25; 104-417, eff. 8-15-25.)

11 Section 10. The Illinois Municipal Code is amended by
12 changing Section 10-4-2.4 as follows:

13 (65 ILCS 5/10-4-2.4)

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

15 (a) As used in this Section:

16 "First responders" means police and corrections officers;~~;~~
17 deputy sheriffs;~~;~~ firefighters;~~;~~ emergency medical services
18 personnel, as that term is defined in Section 3.5 of the
19 Emergency Medical Services (EMS) Systems Act, dispatched
20 pursuant to a 9-1-1 call;~~;~~ emergency medical dispatchers, as
21 that term is defined in Section 3.70 of the Emergency Medical
22 Services (EMS) Systems Act;~~;~~ public safety telecommunicators,
23 as that term is defined in Section 2 of the Emergency Telephone
24 System Act;~~and~~ mental health professionals employed and

1 dispatched by any unit of local government in response to
2 emergency crisis calls received on public emergency service
3 lines instead of or in conjunction with law enforcement; and
4 county medical examiners or coroners.

5 "Mental health counseling" means counseling therapy
6 sessions provided by a clinical social worker, professional
7 counselor, or licensed psychologist.

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

19 (c) The requirement that mental health counseling be
20 included in health insurance coverage as provided in this
21 Section is an exclusive power and function of the State and is
22 a denial and limitation under Article VII, Section 6,
23 subsection (h) of the Illinois Constitution of home rule
24 powers.

25 (Source: P.A. 103-1011, eff. 1-1-25.)

1 Section 95. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.