

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 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 patients 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 patients 35 to 39 years
6 of age.

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

9 (3) A mammogram at the age and intervals considered
10 medically necessary by the patient's health care provider
11 for patients under 40 years of age and having a family
12 history of breast cancer, prior personal history of breast
13 cancer, 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 January 1, 2020 (the effective date of Public
17 Act 101-580), a comprehensive ultrasound screening of an
18 entire breast or breasts if a mammogram demonstrates
19 heterogeneous or dense breast tissue or when medically
20 necessary as determined by a physician licensed to
21 practice medicine in all of its branches, advanced
22 practice registered nurse, or physician assistant.

23 (4.5) For a group policy of accident and health
24 insurance that is amended, delivered, issued, or renewed
25 on or after January 1, 2026 (the effective date of Public
26 Act 103-808), molecular breast imaging (MBI) and magnetic

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

7 (5) For a group policy of accident and health
8 insurance that is amended, delivered, issued, or renewed
9 on or after January 1, 2020 (the effective date of Public
10 Act 101-580), a diagnostic mammogram when medically
11 necessary, as determined by a physician licensed to
12 practice medicine in all its branches, advanced practice
13 registered nurse, or physician assistant.

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

22 For purposes of this subsection:

23 "Diagnostic mammogram" means a mammogram obtained using
24 diagnostic mammography.

25 "Diagnostic mammography" means a method of screening that
26 is designed to evaluate an abnormality in a breast, including

1 an abnormality seen or suspected on a screening mammogram or a
2 subjective or objective abnormality otherwise detected in the
3 breast.

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

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

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

23 (d-15) If a county, including a home rule county, is a
24 self-insurer for purposes of providing health insurance
25 coverage for its employees, the insurance coverage shall
26 include mastectomy coverage, which includes coverage for

1 prosthetic devices or reconstructive surgery incident to the
2 mastectomy. Coverage for breast reconstruction in connection
3 with a mastectomy shall include:

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

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

8 (3) prostheses and treatment for physical
9 complications at all stages of mastectomy, including
10 lymphedemas.

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

23 A county, including a home rule county, that is a
24 self-insurer for purposes of providing health insurance
25 coverage for its employees, may not penalize or reduce or
26 limit the reimbursement of an attending provider or provide

1 incentives (monetary or otherwise) to an attending provider to
2 induce the provider to provide care to an insured in a manner
3 inconsistent with this Section.

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

12 (d-25) If a county, including a home rule county, is a
13 self-insurer for purposes of providing health insurance
14 coverage, the insurance coverage shall include joint mental
15 health therapy services for any member of the sheriff's
16 office, including the sheriff, and any spouse or partner of
17 the member who resides with the member.

18 The joint mental health therapy services provided under
19 this subsection shall be performed by a physician licensed to
20 practice medicine in all of its branches, a licensed clinical
21 psychologist, a licensed clinical social worker, a licensed
22 clinical professional counselor, a licensed marriage and
23 family therapist, a licensed social worker, or a licensed
24 professional counselor.

25 This subsection is a limitation under subsection (i) of
26 Section 6 of Article VII of the Illinois Constitution on the

1 concurrent exercise by home rule units of powers and functions
2 exercised by the State.

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

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

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

18 (h) If a county, including a home rule county, is a
19 self-insurer for purposes of providing health insurance
20 coverage for its employees, the insurance coverage shall
21 include, on and after June 1, 2025, mental health counseling
22 for any county employee who is a first responder without
23 imposing a deductible, coinsurance, copayment, or any other
24 cost-sharing requirement on the coverage provided, except that
25 this subsection does not apply to the extent such coverage
26 would disqualify a high-deductible health plan from

1 eligibility for a health savings account pursuant to Section
2 223 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 As used in this subsection:

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

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

26 (Source: P.A. 103-808, eff. 1-1-26; 103-818, eff. 1-1-25;

1 103-1011, eff. 1-1-25; 104-417, eff. 8-15-25.)

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

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

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

6 (a) As used in this Section:

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

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

24 (b) If a municipality, including a home rule municipality,

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

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

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