

SB3949



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3949

Introduced 2/6/2026, by Sen. Erica Harriss

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 coroners are first-responders for the purposes of provisions requiring a county that is a self-insurer for purposes of providing health insurance coverage for its employees to include mental health counseling for any county employee who is a first responder without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided.

LRB104 15200 RTM 28346 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) ~~this amendatory Act of the 101st General~~
19 ~~Assembly~~, a comprehensive ultrasound screening of an
20 entire breast or breasts if a mammogram demonstrates
21 heterogeneous or dense breast tissue or when medically
22 necessary as determined by a physician licensed to
23 practice medicine in all of its branches, advanced
24 practice registered nurse, or physician assistant.

25 (5) For a group policy of accident and health
26 insurance that is amended, delivered, issued, or renewed

1 on or after January 1, 2020 (the effective date of Public
2 Act 101-580) ~~this amendatory Act of the 101st General~~
3 ~~Assembly~~, a diagnostic mammogram when medically necessary,
4 as determined by a physician licensed to practice medicine
5 in all its branches, advanced practice registered nurse,
6 or physician assistant.

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

15 For purposes of this subsection:

16 "Diagnostic mammogram" means a mammogram obtained using
17 diagnostic mammography.

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

23 "Low-dose mammography" means the x-ray examination of the
24 breast using equipment dedicated specifically for mammography,
25 including the x-ray tube, filter, compression device, and
26 image receptor, with an average radiation exposure delivery of

1 less than one rad per breast for 2 views of an average size
2 breast. The term also includes digital mammography.

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

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

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

23 (1) reconstruction of the breast upon which the
24 mastectomy has been performed;

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

1 (3) prostheses and treatment for physical
2 complications at all stages of mastectomy, including
3 lymphedemas.

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

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

23 (d-20) The requirement that mammograms be included in
24 health insurance coverage as provided in subsections (d)
25 through (d-15) is an exclusive power and function of the State
26 and is a denial and limitation under Article VII, Section 6,

1 subsection (h) of the Illinois Constitution of home rule
2 county powers. A home rule county to which subsections (d)
3 through (d-15) apply must comply with every provision of those
4 subsections.

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

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

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

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

25 (f) The county board may, by ordinance, arrange to provide
26 group life, health, accident, hospital, and medical insurance,

1 or any one or a combination of those types of insurance, under
2 this Section to retired former employees and retired former
3 elected or appointed officials of the county.

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

11 (h) If a county, including a home rule county, is a
12 self-insurer for purposes of providing health insurance
13 coverage for its employees, the insurance coverage shall
14 include, on and after June 1, 2025, mental health counseling
15 for any county employee who is a first responder without
16 imposing a deductible, coinsurance, copayment, or any other
17 cost-sharing requirement on the coverage provided, except that
18 this subsection does not apply to the extent such coverage
19 would disqualify a high-deductible health plan from
20 eligibility for a health savings account pursuant to Section
21 223 of the Internal Revenue Code.

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

1 As used in this subsection:

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

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

18 (Source: P.A. 103-818, eff. 1-1-25; 103-1011, eff. 1-1-25;
19 revised 11-26-24.)

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

21 Sec. 5-1069. Group life, health, accident, hospital, and
22 medical insurance.

23 (a) The county board of any county may arrange to provide,
24 for the benefit of employees of the county, group life,
25 health, accident, hospital, and medical insurance, or any one

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

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

1 health, accident, hospital, and medical insurance.

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

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

17 (1) A baseline mammogram for patients 35 to 39 years
18 of age.

19 (2) An annual mammogram for patients 40 years of age
20 or older.

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

26 (4) For a group policy of accident and health

1 insurance that is amended, delivered, issued, or renewed
2 on or after January 1, 2020 (the effective date of Public
3 Act 101-580), a comprehensive ultrasound screening of an
4 entire breast or breasts if a mammogram demonstrates
5 heterogeneous or dense breast tissue or when medically
6 necessary as determined by a physician licensed to
7 practice medicine in all of its branches, advanced
8 practice registered nurse, or physician assistant.

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

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

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

9 For purposes of this subsection:

10 "Diagnostic mammogram" means a mammogram obtained using
11 diagnostic mammography.

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

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

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

26 (d-10) When health care services are available through

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

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

17 (1) reconstruction of the breast upon which the
18 mastectomy has been performed;

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

21 (3) prostheses and treatment for physical
22 complications at all stages of mastectomy, including
23 lymphedemas.

24 Care shall be determined in consultation with the attending
25 physician and the patient. The offered coverage for prosthetic
26 devices and reconstructive surgery shall be subject to the

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

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

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

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

1 coverage, the insurance coverage shall include joint mental
2 health therapy services for any member of the sheriff's
3 office, including the sheriff, and any spouse or partner of
4 the member who resides with the member.

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

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

16 (e) The term "employees" as used in this Section includes
17 elected or appointed officials but does not include temporary
18 employees.

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

24 (g) Rulemaking authority to implement this amendatory Act
25 of the 95th General Assembly, if any, is conditioned on the
26 rules being adopted in accordance with all provisions of the

1 Illinois Administrative Procedure Act and all rules and
2 procedures of the Joint Committee on Administrative Rules; any
3 purported rule not so adopted, for whatever reason, is
4 unauthorized.

5 (h) 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, on and after June 1, 2025, mental health counseling
9 for any county employee who is a first responder without
10 imposing a deductible, coinsurance, copayment, or any other
11 cost-sharing requirement on the coverage provided, except that
12 this subsection does not apply to the extent such coverage
13 would disqualify a high-deductible health plan from
14 eligibility for a health savings account pursuant to Section
15 223 of the Internal Revenue Code.

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

21 As used in this subsection:

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

1 that term is defined in Section 3.70 of the Emergency Medical
2 Services (EMS) Systems Act;~~;~~ public safety telecommunicators,
3 as that term is defined in Section 2 of the Emergency Telephone
4 System Act;~~;~~~~and~~ mental health professionals employed and
5 dispatched by any unit of local government in response to
6 emergency crisis calls received on public emergency service
7 lines instead of or in conjunction with law enforcement; and
8 coroners.

9 "Mental health counseling" means counseling therapy
10 sessions provided by a clinical social worker, professional
11 counselor, or licensed psychologist.

12 (Source: P.A. 103-808, eff. 1-1-26; 103-818, eff. 1-1-25;
13 103-1011, eff. 1-1-25; revised 11-26-24.)

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

16 (65 ILCS 5/10-4-2.4)

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

18 (a) As used in this Section:

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

1 Services (EMS) Systems Act;7 public safety telecommunicators,
2 as that term is defined in Section 2 of the Emergency Telephone
3 System Act;7~~and~~ mental health professionals employed and
4 dispatched by any unit of local government in response to
5 emergency crisis calls received on public emergency service
6 lines instead of or in conjunction with law enforcement; and
7 coroners.

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

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

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

1 powers.

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

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