



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB5408

Introduced 2/13/2026, by Rep. Anna Moeller

SYNOPSIS AS INTRODUCED:

30 ILCS 105/5.1038 new
20 ILCS 2310/2310-426 new
215 ILCS 122/5-35 new

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department of Public Health to establish the Abortion Access Fund Grant Program to award grants from the Abortion Access Fund to support access to abortion care services throughout the State. Provides that grants awarded under the Program shall only be used to fund abortion services for which the use of federal funds is prohibited for patients who are uninsured or underinsured with respect to those services. Allows the Department to establish rules necessary to implement the Abortion Access Fund Grant Program, including eligibility criteria, grant limits, application standards, requirements for the distribution and obligation of grant funds, accounting for the use of the funds, and standards for monitoring compliance with the requirements of the Program. Amends the State Finance Act to create the Abortion Access Fund as a special fund in the State treasury. Amends the Illinois Health Benefits Exchange Law. Requires specified health insurance issuers that have offered one or more qualified health plans through the Illinois Health Benefits Exchange to report to the Department of Insurance an accounting of receipts, disbursements, transfers of funds between accounts, total dollar claims paid, accrued interest, and the year-end balance for each reporting year for the separate allocation accounts that the issuer has established under specified provisions of federal law for abortion services for which federal funding is prohibited. Establishes further reporting requirements for health insurance issuers. Provides that, if the amount of premiums collected during the plan year for abortion services for which federal funding is prohibited exceeds total claims paid for such services rendered during the plan year, the Director of Insurance shall order the health insurance issuer to transfer funds, and the issuer shall complete the transfer, to the Abortion Access Fund. Makes other changes. Effective immediately.

LRB104 20688 BAB 34187 b

1 AN ACT concerning regulation.

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

4 Section 5. The State Finance Act is amended by adding
5 Section 5.1038 as follows:

6 (30 ILCS 105/5.1038 new)

7 Sec. 5.1038. The Abortion Access Fund.

8 Section 10. The Department of Public Health Powers and
9 Duties Law of the Civil Administrative Code of Illinois is
10 amended by adding Section 2310-426 as follows:

11 (20 ILCS 2310/2310-426 new)

12 Sec. 2310-426. Abortion Access Fund Grant Program.

13 (a) As used in this Section:

14 "Abortion" has the meaning given to that term in Section
15 1-10 of the Reproductive Health Act.

16 "Fund" means the Abortion Access Fund.

17 (b) The Department shall establish the Abortion Access
18 Fund Grant Program. The Program shall use moneys in the Fund to
19 award grants to support access to abortion care services
20 throughout the State. Grants awarded under the Program shall
21 only be used to fund abortion services for which the use of

1 federal funds is prohibited for patients who are uninsured or
2 underinsured with respect to those services.

3 (c) The Department may establish rules necessary to
4 implement the Abortion Access Fund Grant Program, including
5 eligibility criteria, grant limits, application standards,
6 requirements for the distribution and obligation of grant
7 funds, accounting for the use of the funds, and standards for
8 monitoring compliance with the requirements of the Program.

9 (d) The Department may not release, publish, or otherwise
10 disclose any identifying information for:

11 (1) the staff of an eligible organization that applies
12 for or receives a grant or reimbursement from grant
13 funding under the Program; or

14 (2) an individual health care practitioner or staff
15 who provides abortion care clinical services for an
16 eligible organization that receives a grant or
17 reimbursement from grant funding under the Program.

18 (e) The Abortion Access Fund is created as a special fund
19 in the State treasury. The Fund shall consist of moneys
20 transferred to the Fund under Section 5-35 of the Illinois
21 Health Benefits Exchange Law.

22 Section 15. The Illinois Health Benefits Exchange Law is
23 amended by adding Section 5-35 as follows:

24 (215 ILCS 122/5-35 new)

1 Sec. 5-35. Separate allocation account reports and
2 transfers.

3 (a) Beginning on or before March 1, 2027, and on or before
4 March 1 of each year thereafter, a health insurance issuer
5 described in subsection (b) or (c) that has offered one or more
6 qualified health plans through the Illinois Health Benefits
7 Exchange shall report to the Department of Insurance an
8 accounting of receipts, disbursements, transfers of funds
9 between accounts, total dollar claims paid, accrued interest,
10 and the year-end balance for each reporting year for the
11 separate allocation accounts that the issuer has established
12 under 42 U.S.C. 18023(b)(2)(B) and 42 U.S.C. 18023(b)(2)(C)
13 for abortion services for which federal funding is prohibited.
14 If funds have been transferred from a separate allocation
15 account described in this subsection to any other account
16 maintained by, on behalf of, or for the benefit of the health
17 insurance issuer, the annual report shall attribute the amount
18 of or amounts within the transfer to premiums collected by
19 plan year under 42 U.S.C. 1303(B)(2)(B)(i)(II), except that
20 the attribution shall not result in premiums collected being
21 less than claims paid for services rendered during the plan
22 year. The annual reports shall include any related
23 documentation and shall adhere to any format as the Director
24 of Insurance may prescribe.

25 (b) For the report due on or before March 1, 2027, if a
26 health insurance issuer has an active certificate of authority

1 from the Director of Insurance on the reporting deadline, and
2 if the issuer has ever offered a qualified health plan in this
3 State through the Illinois Health Benefits Exchange at any
4 time since plan year 2014, regardless of whether it was a
5 Federally-facilitated Exchange, a State-based Exchange on the
6 Federal platform, or a State-based Exchange, the issuer shall
7 submit the report required under this Section for all
8 qualified health plans offered through this Exchange. With
9 respect to the separate allocation account described in
10 subsection (a), the health insurance issuer shall report as
11 prescribed by the Director of Insurance the balances and
12 transactions during the periods:

13 (1) January 1, 2014 through December 31, 2023;

14 (2) January 1, 2024 through December 31, 2024;

15 (3) January 1, 2025 through December 31, 2025;

16 (4) January 1, 2026 through December 31, 2026; and

17 (5) between December 31, 2026 and the date the report
18 is submitted, but only with respect to transfers from the
19 separate allocation account described in subsection (a) to
20 other accounts maintained by, on behalf of, or for the
21 benefit of the health insurance issuer.

22 (c) For annual reports due on or before March 1, 2028 and
23 on or before March 1 of each year thereafter, if a health
24 insurance issuer has an active certificate of authority from
25 the Director of Insurance on the reporting deadline, and if
26 the issuer offered a qualified health plan through the

1 Illinois Health Benefits Exchange during the preceding
2 calendar year, the issuer shall submit the report required
3 under this Section for that calendar year for all qualified
4 health plans offered through this Exchange. For the period
5 between the end of the calendar year and the date the report is
6 submitted, the report shall also include any transfers from
7 the separate allocation account described in subsection (a) to
8 other accounts maintained by, on behalf of, or for the benefit
9 of the health insurance issuer.

10 (d) While 42 U.S.C. 1303(B)(2)(B)(i)(II) remains in
11 effect, any premium funds collected by a health insurance
12 issuer under that provision shall be used only to pay for
13 abortion services for which federal funding is prohibited,
14 including through the transfers under subsection (e).

15 (e) If after the 12-month period following the end of a
16 plan year the amount of premiums collected during the plan
17 year for abortion services for which federal funding is
18 prohibited exceeds total claims paid for such services
19 rendered during the plan year, the Director of Insurance shall
20 order the health insurance issuer to transfer funds, and the
21 issuer shall complete the transfer, to the Abortion Access
22 Fund as follows:

23 (1) On or before September 1, 2027, 90% of the amount
24 of the excess for each of the plan years 2014 through 2025,
25 plus interest accrued on the excess; and

26 (2) On or before September 1, 2028, and on or before

1 September 1 of each year thereafter, 90% of the excess for
2 the second preceding plan year, plus interest accrued on
3 the excess.

4 Notwithstanding any other provision of this
5 subsection, on or before September 1, 2027 and on or
6 before September 1 of each year thereafter, the health
7 insurance issuer shall transfer to the Abortion Access
8 Fund all amounts the health insurance issuer previously
9 transferred from the separate allocation account described
10 in subsection (a) to other accounts maintained by, on
11 behalf of, or for the benefit of the health insurance
12 issuer. Amounts transferred to other accounts maintained
13 by, on behalf of, or for the benefit of the health
14 insurance issuer shall count toward the excess in
15 paragraph (1) or (2) of this subsection for the plan year
16 for which the report attributed the transfer under
17 subsection (a).

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.