

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. Subject to appropriation, the Program  
19 shall use moneys in the Fund to award grants to support access  
20 to abortions throughout the State. Grants awarded under the  
21 Program shall only be used to fund abortions for which the use

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

3 (c) The Abortion Access Fund is created as a special fund  
4 in the State treasury. The Fund shall consist of moneys  
5 deposited into the Fund under Section 5-35 of the Illinois  
6 Health Benefits Exchange Law.

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

9 (215 ILCS 122/5-35 new)

10 Sec. 5-35. Separate allocation account reports and  
11 transfers.

12 (a) Beginning on or before March 1, 2027, and on or before  
13 March 1 of each year thereafter, a health insurance issuer  
14 described in subsection (b) or (c) that has offered one or more  
15 qualified health plans through the Illinois Health Benefits  
16 Exchange shall report to the Department of Insurance an  
17 accounting of receipts, disbursements, transfers of funds  
18 between accounts, total dollar claims paid, accrued interest,  
19 and the year-end balance each reporting year for the separate  
20 allocation accounts that the issuer has established under 42  
21 U.S.C. 18023(b)(2)(B) and 42 U.S.C. 18023(b)(2)(C) for  
22 abortion services for which federal funding is prohibited. If  
23 funds have been transferred from a separate allocation account  
24 described in this subsection to any other account maintained

1 by, on behalf of, or for the benefit of the health insurance  
2 issuer, the annual report shall attribute the amount of or  
3 amounts within the transfer to premiums collected by plan year  
4 under 42 U.S.C. 1303(B)(2)(B)(i)(II), except that the  
5 attribution shall not result in premiums collected being less  
6 than claims paid for services rendered during the plan year.  
7 The annual reports shall include any related documentation and  
8 shall adhere to any format as the Director of Insurance may  
9 prescribe.

10 (b) For the report due on or before March 1, 2027, if a  
11 health insurance issuer has an active certificate of authority  
12 from the Director of Insurance on the reporting deadline, and  
13 if the issuer has offered a qualified health plan in this State  
14 through the Illinois Health Benefits Exchange at any time  
15 since plan year 2014, regardless of whether it was a  
16 Federally-facilitated Exchange, a State-based Exchange on the  
17 Federal platform, or a State-based Exchange, the issuer shall  
18 submit the report required under this Section for all  
19 qualified health plans offered through this Exchange. With  
20 respect to the separate allocation account described in  
21 subsection (a), the health insurance issuer shall report as  
22 prescribed by the Director of Insurance the balances and  
23 transactions during the periods:

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

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

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

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

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

7           (c) For annual reports due on or before March 1, 2028 and  
8           on or before March 1 of each year thereafter, if a health  
9           insurance issuer has an active certificate of authority from  
10           the Director of Insurance on the reporting deadline, and if  
11           the issuer offered a qualified health plan through the  
12           Illinois Health Benefits Exchange during the preceding  
13           calendar year, the issuer shall submit the report required  
14           under this Section for that calendar year for all qualified  
15           health plans offered through this Exchange. For the period  
16           between the end of the calendar year and the date the report is  
17           submitted, the report shall also include any transfers from  
18           the separate allocation account described in subsection (a) to  
19           other accounts maintained by, on behalf of, or for the benefit  
20           of the health insurance issuer.

21           (d) While 42 U.S.C. 1303(B)(2)(B)(i)(II) remains in  
22           effect, any premium funds collected by a health insurance  
23           issuer under that provision shall be used only to pay for  
24           abortions for which federal funding is prohibited, including  
25           through the remittances under subsection (e).

26           (e) If after the 12-month period following the end of a

1 plan year the amount of premiums collected during the plan  
2 year for abortions for which federal funding is prohibited  
3 exceeds total claims paid for such services rendered during  
4 the plan year, the Director of Insurance shall order the  
5 health insurance issuer to remit funds, and the issuer shall  
6 complete the remittance to the Department of Insurance as  
7 follows:

8 (1) on or before September 1, 2027, 90% of the amount  
9 of the excess for each of the plan years 2014 through 2025,  
10 plus interest accrued on the excess; and

11 (2) on or before September 1, 2028, and on or before  
12 September 1 of each year thereafter, 90% of the excess for  
13 the second preceding plan year, plus interest accrued on  
14 the excess.

15 Notwithstanding any other provision of this subsection, on  
16 or before September 1, 2027 and on or before September 1 of  
17 each year thereafter, the health insurance issuer shall remit  
18 to the Department of Insurance all funds the health insurance  
19 issuer previously transferred from the separate allocation  
20 account described in subsection (a) to other accounts  
21 maintained by, on behalf of, or for the benefit of the health  
22 insurance issuer. Amounts transferred to other accounts  
23 maintained by, on behalf of, or for the benefit of the health  
24 insurance issuer shall count toward the excess in paragraph  
25 (1) or (2) of this subsection for the plan year for which the  
26 report attributed the transfer under subsection (a).

1       (f) All moneys remitted to the Department of Insurance  
2       under this Section shall be deposited into the Abortion Access  
3       Fund.

4       Section 99. Effective date. This Act takes effect upon  
5       becoming law.