



Rep. Robyn Gabel

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10300HB5142ham002

LRB103 38742 RPS 70706 a

1 AMENDMENT TO HOUSE BILL 5142

2 AMENDMENT NO. _____. Amend House Bill 5142, AS AMENDED,
3 with reference to page and line numbers of House Amendment No.
4 1, on page 1, line 5, by replacing "Section" with "Sections
5 356z.4a and"; and

6 on page 1, immediately below line 5, by inserting the
7 following:

8 "(215 ILCS 5/356z.4a)

9 Sec. 356z.4a. Coverage for abortion.

10 (a) Except as otherwise provided in this Section, no
11 individual or group policy of accident and health insurance
12 that provides pregnancy-related benefits may be issued,
13 amended, delivered, or renewed in this State after the
14 effective date of this amendatory Act of the 101st General
15 Assembly unless the policy provides a covered person with
16 coverage for abortion care. Regardless of whether the policy

1 otherwise provides prescription drug benefits, abortion care
2 coverage must include medications that are obtained through a
3 prescription and used to terminate a pregnancy, regardless of
4 whether there is proof of a pregnancy.

5 (b) Coverage for abortion care may not impose any
6 deductible, coinsurance, waiting period, or other cost-sharing
7 ~~limitation that is greater than that required for other~~
8 ~~pregnancy related benefits covered by the policy.~~ This
9 subsection does not apply to the extent such coverage would
10 disqualify a high-deductible health plan from eligibility for
11 a health savings account pursuant to Section 223 of the
12 Internal Revenue Code.

13 (c) Except as otherwise authorized under this Section, a
14 policy shall not impose any restrictions or delays on the
15 coverage required under this Section.

16 (d) This Section does not, pursuant to 42 U.S.C.
17 18054(a)(6), apply to a multistate plan that does not provide
18 coverage for abortion.

19 (e) If the Department concludes that enforcement of this
20 Section may adversely affect the allocation of federal funds
21 to this State, the Department may grant an exemption to the
22 requirements, but only to the minimum extent necessary to
23 ensure the continued receipt of federal funds.

24 (Source: P.A. 101-13, eff. 6-12-19; 102-1117, eff. 1-13-23.);
25 and

1 on page 3, line 3, after "Code.", by inserting "All outpatient
2 coverage required under this subsection (b) must be provided
3 without cost sharing, except that, for treatment of substance
4 use disorders, the prohibition on cost-sharing applies to the
5 levels of treatment below and not including 3.1 (Clinically
6 Managed Low-Intensity Residential) established by the American
7 Society of Addiction Medicine."; and

8 on page 6, line 10, after the period, by inserting "All
9 outpatient coverage required by paragraphs (2) through (6) of
10 this subsection (b) must be provided without cost sharing,
11 except that, for treatment of substance use disorders, the
12 prohibition on cost-sharing applies to the levels of treatment
13 below and not including 3.1 (Clinically Managed Low-Intensity
14 Residential) established by the American Society of Addiction
15 Medicine."; and

16 on page 7, by replacing lines 7 through 11 with the following:

17 "(c) The cost-sharing prohibitions in this Section do not
18 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.".