

SB3864



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3864

Introduced 2/6/2026, by Sen. John F. Curran

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356e	from Ch. 73, par. 968e
215 ILCS 5/367	from Ch. 73, par. 979

Amends the Illinois Insurance Code. In provisions requiring policies of group accident and health insurance to provide coverage for certain examination and testing services provided to a victim of specified criminal offenses, prohibits the policy from imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement on the coverage provided, except to the extent that the coverage would disqualify a high-deductible health plan from eligibility for a health savings account under the Internal Revenue Code. Effective January 1, 2027.

LRB104 18638 BAB 32081 b

A BILL FOR

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 Illinois Insurance Code is amended by
5 changing Sections 356e and 367 as follows:

6 (215 ILCS 5/356e) (from Ch. 73, par. 968e)

7 Sec. 356e. Victims of certain offenses.

8 (1) No individual policy of accident and health insurance,
9 which provides benefits for hospital or medical expenses based
10 upon the actual expenses incurred, delivered, or issued for
11 delivery to any person in this State shall contain any
12 specific exception to coverage which would preclude the
13 payment under that policy of actual expenses incurred in the
14 examination and testing of a victim of an offense defined in
15 Sections 11-1.20 through 11-1.60 or 12-13 through 12-16 of the
16 Criminal Code of 1961 or the Criminal Code of 2012, or an
17 attempt to commit such offense to establish that sexual
18 contact did occur or did not occur, and to establish the
19 presence or absence of sexually transmitted disease or
20 infection, and examination and treatment of injuries and
21 trauma sustained by a victim of such offense arising out of the
22 offense. A policy subject to this subsection (1) shall not
23 impose a deductible, coinsurance, copayment, or any other

1 cost-sharing requirement on the coverage provided, except that
2 this subsection does not apply to the extent that the coverage
3 would disqualify a high-deductible health plan from
4 eligibility for a health savings account pursuant to Section
5 223 of the Internal Revenue Code. Every policy of accident and
6 health insurance which specifically provides benefits for
7 routine physical examinations shall provide full coverage for
8 expenses incurred in the examination and testing of a victim
9 of an offense defined in Sections 11-1.20 through 11-1.60 or
10 12-13 through 12-16 of the Criminal Code of 1961 or the
11 Criminal Code of 2012, or an attempt to commit such offense as
12 set forth in this Section. This Section shall not apply to a
13 policy which covers hospital and medical expenses for
14 specified illnesses or injuries only.

15 (2) For purposes of enabling the recovery of State funds,
16 any insurance carrier subject to this Section shall upon
17 reasonable demand by the Department of Public Health disclose
18 the names and identities of its insureds entitled to benefits
19 under this provision to the Department of Public Health
20 whenever the Department of Public Health has determined that
21 it has paid, or is about to pay, hospital or medical expenses
22 for which an insurance carrier is liable under this Section.
23 All information received by the Department of Public Health
24 under this provision shall be held on a confidential basis and
25 shall not be subject to subpoena and shall not be made public
26 by the Department of Public Health or used for any purpose

1 other than that authorized by this Section.

2 (3) Whenever the Department of Public Health finds that it
3 has paid all or part of any hospital or medical expenses which
4 an insurance carrier is obligated to pay under this Section,
5 the Department of Public Health shall be entitled to receive
6 reimbursement for its payments from such insurance carrier
7 provided that the Department of Public Health has notified the
8 insurance carrier of its claims before the carrier has paid
9 such benefits to its insureds or in behalf of its insureds.

10 (Source: P.A. 103-718, eff. 7-19-24.)

11 (215 ILCS 5/367) (from Ch. 73, par. 979)

12 Sec. 367. Group accident and health insurance.

13 (1) Group accident and health insurance is hereby declared
14 to be that form of accident and health insurance covering not
15 less than 2 employees, members, or employees of members,
16 written under a master policy issued to any governmental
17 corporation, unit, agency or department thereof, or to any
18 corporation, copartnership, individual employer, or to any
19 association upon application of an executive officer or
20 trustee of such association having a constitution or bylaws
21 and formed in good faith for purposes other than that of
22 obtaining insurance, where officers, members, employees,
23 employees of members or classes or department thereof, may be
24 insured for their individual benefit. In addition a group
25 accident and health policy may be written to insure any group

1 which may be insured under a group life insurance policy. The
2 term "employees" shall include the officers, managers and
3 employees of subsidiary or affiliated corporations, and the
4 individual proprietors, partners and employees of affiliated
5 individuals and firms, when the business of such subsidiary or
6 affiliated corporations, firms or individuals, is controlled
7 by a common employer through stock ownership, contract or
8 otherwise.

9 (2) Any insurance company authorized to write accident and
10 health insurance in this State shall have power to issue group
11 accident and health policies. No policy of group accident and
12 health insurance may be issued or delivered in this State
13 unless a copy of the form thereof shall have been filed with
14 the department and approved by it in accordance with Section
15 355, and it contains in substance those provisions contained
16 in Sections 357.1 through 357.30 as may be applicable to group
17 accident and health insurance and the following provisions:

18 (a) A provision that the policy, the application of
19 the employer, or executive officer or trustee of any
20 association, and the individual applications, if any, of
21 the employees, members or employees of members insured
22 shall constitute the entire contract between the parties,
23 and that all statements made by the employer, or the
24 executive officer or trustee, or by the individual
25 employees, members or employees of members shall (in the
26 absence of fraud) be deemed representations and not

1 warranties, and that no such statement shall be used in
2 defense to a claim under the policy, unless it is
3 contained in a written application.

4 (b) A provision that the insurer will issue to the
5 employer, or to the executive officer or trustee of the
6 association, for delivery to the employee, member or
7 employee of a member, who is insured under such policy, an
8 individual certificate setting forth a statement as to the
9 insurance protection to which he is entitled and to whom
10 payable.

11 (c) A provision that to the group or class thereof
12 originally insured shall be added from time to time all
13 new employees of the employer, members of the association
14 or employees of members eligible to and applying for
15 insurance in such group or class.

16 (3) Anything in this code to the contrary notwithstanding,
17 any group accident and health policy may provide that all or
18 any portion of any indemnities provided by any such policy on
19 account of hospital, nursing, medical or surgical services,
20 may, at the insurer's option, be paid directly to the hospital
21 or person rendering such services; but the policy may not
22 require that the service be rendered by a particular hospital
23 or person. Payment so made shall discharge the insurer's
24 obligation with respect to the amount of insurance so paid.
25 Nothing in this subsection (3) shall prohibit an insurer from
26 providing incentives for insureds to utilize the services of a

1 particular hospital or person.

2 (4) Special group policies may be issued to school
3 districts providing medical or hospital service, or both, for
4 pupils of the district injured while participating in any
5 athletic activity under the jurisdiction of or sponsored or
6 controlled by the district or the authorities of any school
7 thereof. The provisions of this Section governing the issuance
8 of group accident and health insurance shall, insofar as
9 applicable, control the issuance of such policies issued to
10 schools.

11 (5) No policy of group accident and health insurance may
12 be issued or delivered in this State unless it provides that
13 upon the death of the insured employee or group member the
14 dependents' coverage, if any, continues for a period of at
15 least 90 days subject to any other policy provisions relating
16 to termination of dependents' coverage.

17 (6) No group hospital policy covering miscellaneous
18 hospital expenses issued or delivered in this State shall
19 contain any exception or exclusion from coverage which would
20 preclude the payment of expenses incurred for the processing
21 and administration of blood and its components.

22 (7) No policy of group accident and health insurance,
23 delivered in this State more than 120 days after the effective
24 day of the Section, which provides inpatient hospital coverage
25 for sicknesses shall exclude from such coverage the treatment
26 of alcoholism. This subsection shall not apply to a policy

1 which covers only specified sicknesses.

2 (8) No policy of group accident and health insurance,
3 which provides benefits for hospital or medical expenses based
4 upon the actual expenses incurred, issued, or delivered in
5 this State shall contain any specific exception to coverage
6 which would preclude the payment of actual expenses incurred
7 in the examination and testing of a victim of an offense
8 defined in Sections 11-1.20 through 11-1.60 or 12-13 through
9 12-16 of the Criminal Code of 1961 or the Criminal Code of
10 2012, or an attempt to commit such offense, to establish that
11 sexual contact did occur or did not occur, and to establish the
12 presence or absence of sexually transmitted disease or
13 infection, and examination and treatment of injuries and
14 trauma sustained by the victim of such offense, arising out of
15 the offense. Every group policy of accident and health
16 insurance which specifically provides benefits for routine
17 physical examinations shall provide full coverage for expenses
18 incurred in the examination and testing of a victim of an
19 offense defined in Sections 11-1.20 through 11-1.60 or 12-13
20 through 12-16 of the Criminal Code of 1961 or the Criminal Code
21 of 2012, or an attempt to commit such offense, as set forth in
22 this Section. This subsection shall not apply to a policy
23 which covers hospital and medical expenses for specified
24 illnesses and injuries only. A policy subject to this
25 subsection (8) shall not impose a deductible, coinsurance,
26 copayment, or any other cost-sharing requirement on the

1 coverage provided, except that this subsection does not apply
2 to the extent that the coverage would disqualify a
3 high-deductible health plan from eligibility for a health
4 savings account pursuant to Section 223 of the Internal
5 Revenue Code.

6 (9) For purposes of enabling the recovery of State funds,
7 any insurance carrier subject to this Section shall upon
8 reasonable demand by the Department of Public Health disclose
9 the names and identities of its insureds entitled to benefits
10 under this provision to the Department of Public Health
11 whenever the Department of Public Health has determined that
12 it has paid, or is about to pay, hospital or medical expenses
13 for which an insurance carrier is liable under this Section.
14 All information received by the Department of Public Health
15 under this provision shall be held on a confidential basis and
16 shall not be subject to subpoena and shall not be made public
17 by the Department of Public Health or used for any purpose
18 other than that authorized by this Section.

19 (10) Whenever the Department of Public Health finds that
20 it has paid all or part of any hospital or medical expenses
21 which an insurance carrier is obligated to pay under this
22 Section, the Department of Public Health shall be entitled to
23 receive reimbursement for its payments from such insurance
24 carrier provided that the Department of Public Health has
25 notified the insurance carrier of its claim before the carrier
26 has paid the benefits to its insureds or the insureds'

1 assignees.

2 (11) (a) No group hospital, medical or surgical expense
3 policy shall contain any provision whereby benefits
4 otherwise payable thereunder are subject to reduction
5 solely on account of the existence of similar benefits
6 provided under other group or group-type accident and
7 sickness insurance policies where such reduction would
8 operate to reduce total benefits payable under these
9 policies below an amount equal to 100% of total allowable
10 expenses provided under these policies.

11 (b) When dependents of insureds are covered under 2
12 policies, both of which contain coordination of benefits
13 provisions, benefits of the policy of the insured whose
14 birthday falls earlier in the year are determined before
15 those of the policy of the insured whose birthday falls
16 later in the year. Birthday, as used herein, refers only
17 to the month and day in a calendar year, not the year in
18 which the person was born. The Department of Insurance
19 shall promulgate rules defining the order of benefit
20 determination pursuant to this paragraph (b).

21 (12) Every group policy under this Section shall be
22 subject to the provisions of Sections 356g and 356n of this
23 Code.

24 (13) No accident and health insurer providing coverage for
25 hospital or medical expenses on an expense incurred basis
26 shall deny reimbursement for an otherwise covered expense

1 incurred for any organ transplantation procedure solely on the
2 basis that such procedure is deemed experimental or
3 investigational unless supported by the determination of the
4 Office of Health Care Technology Assessment within the Agency
5 for Health Care Policy and Research within the federal
6 Department of Health and Human Services that such procedure is
7 either experimental or investigational or that there is
8 insufficient data or experience to determine whether an organ
9 transplantation procedure is clinically acceptable. If an
10 accident and health insurer has made written request, or had
11 one made on its behalf by a national organization, for
12 determination by the Office of Health Care Technology
13 Assessment within the Agency for Health Care Policy and
14 Research within the federal Department of Health and Human
15 Services as to whether a specific organ transplantation
16 procedure is clinically acceptable and said organization fails
17 to respond to such a request within a period of 90 days, the
18 failure to act may be deemed a determination that the
19 procedure is deemed to be experimental or investigational.

20 (14) Whenever a claim for benefits by an insured under a
21 dental prepayment program is denied or reduced, based on the
22 review of x-ray films, such review must be performed by a
23 dentist.

24 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

25 Section 99. Effective date. This Act takes effect January
26 1, 2027.