



Sen. Mary Edly-Allen

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10400SB4011sam001

LRB104 20760 TRT 35393 a

1 AMENDMENT TO SENATE BILL 4011

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 4011 by replacing  
3 everything after the enacting clause with the following:

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

1 1-10 of the Reproductive Health Act.

2 "Fund" means the Abortion Access Fund.

3 (b) The Department shall establish the Abortion Access  
4 Fund Grant Program. Subject to appropriation, the Program  
5 shall use moneys in the Fund to award grants to support access  
6 to abortions throughout the State. Grants awarded under the  
7 Program shall only be used to fund abortions for which the use  
8 of federal funds is prohibited for patients who are uninsured  
9 or underinsured with respect to those services.

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

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

16 (215 ILCS 122/5-35 new)

17 Sec. 5-35. Separate allocation account reports and  
18 transfers.

19 (a) Beginning on or before March 1, 2027, and on or before  
20 March 1 of each year thereafter, a health insurance issuer  
21 described in subsection (b) or (c) that has offered one or more  
22 qualified health plans through the Illinois Health Benefits  
23 Exchange shall report to the Department of Insurance an  
24 accounting of receipts, disbursements, transfers of funds

1 between accounts, total dollar claims paid, accrued interest,  
2 and the year-end balance each reporting year for the separate  
3 allocation accounts that the issuer has established under 42  
4 U.S.C. 18023(b)(2)(B) and 42 U.S.C. 18023(b)(2)(C) for  
5 abortion services for which federal funding is prohibited. If  
6 funds have been transferred from a separate allocation account  
7 described in this subsection to any other account maintained  
8 by, on behalf of, or for the benefit of the health insurance  
9 issuer, the annual report shall attribute the amount of or  
10 amounts within the transfer to premiums collected by plan year  
11 under 42 U.S.C. 1303(B)(2)(B)(i)(II), except that the  
12 attribution shall not result in premiums collected being less  
13 than claims paid for services rendered during the plan year.  
14 The annual reports shall include any related documentation and  
15 shall adhere to any format as the Director of Insurance may  
16 prescribe.

17 (b) For the report due on or before March 1, 2027, if a  
18 health insurance issuer has an active certificate of authority  
19 from the Director of Insurance on the reporting deadline, and  
20 if the issuer has offered a qualified health plan in this State  
21 through the Illinois Health Benefits Exchange at any time  
22 since plan year 2014, regardless of whether it was a  
23 Federally-facilitated Exchange, a State-based Exchange on the  
24 Federal platform, or a State-based Exchange, the issuer shall  
25 submit the report required under this Section for all  
26 qualified health plans offered through this Exchange. With

1 respect to the separate allocation account described in  
2 subsection (a), the health insurance issuer shall report as  
3 prescribed by the Director of Insurance the balances and  
4 transactions during the periods:

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

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

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

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

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

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

1 of the health insurance issuer.

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

7 (e) If after the 12-month period following the end of a  
8 plan year the amount of premiums collected during the plan  
9 year for abortions for which federal funding is prohibited  
10 exceeds total claims paid for such services rendered during  
11 the plan year, the Director of Insurance shall order the  
12 health insurance issuer to remit funds, and the issuer shall  
13 complete the remittance to the Department of Insurance as  
14 follows:

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

18 (2) On or before September 1, 2028, and on or before  
19 September 1 of each year thereafter, 90% of the excess for  
20 the second preceding plan year, plus interest accrued on  
21 the excess.

22 Notwithstanding any other provision of this subsection, on  
23 or before September 1, 2027 and on or before September 1 of  
24 each year thereafter, the health insurance issuer shall remit  
25 to the Department of Insurance all funds the health insurance  
26 issuer previously transferred from the separate allocation

1 account described in subsection (a) to other accounts  
2 maintained by, on behalf of, or for the benefit of the health  
3 insurance issuer. Amounts transferred to other accounts  
4 maintained by, on behalf of, or for the benefit of the health  
5 insurance issuer shall count toward the excess in paragraph  
6 (1) or (2) of this subsection for the plan year for which the  
7 report attributed the transfer under subsection (a).

8 (f) All moneys remitted to the Department of Insurance  
9 under this Section shall be deposited into the Abortion Access  
10 Fund.

11 Section 99. Effective date. This Act takes effect upon  
12 becoming law."