



Sen. Lakesia Collins

**Filed: 3/12/2024**

10300SB3665sam003

LRB103 39479 RPS 70942 a

1 AMENDMENT TO SENATE BILL 3665

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 3665, AS AMENDED,  
3 with reference to page and line numbers of Senate Amendment  
4 No. 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.".