



## 100TH GENERAL ASSEMBLY

### State of Illinois

2017 and 2018

HB4146

by Rep. Laura Fine

#### SYNOPSIS AS INTRODUCED:

215 ILCS 134/25

Amends the Managed Care Reform and Patient Rights Act. In provisions concerning transition of services, provides that the health care plan shall not modify an enrollee's coverage of a drug during the plan year if the drug has been previously approved for coverage by the plan for a medical condition, the plan's prescribing provider continues to prescribe the drug for the medical condition, and the patient continues to be an enrollee of the health care plan. Provides specific prohibited modifications of drug coverage in the health plan. Provides that the provisions do not prohibit a health care plan from requiring a pharmacist to effect generic substitutions of prescription drugs. Provides that the provisions do not prohibit the addition of prescription drugs to a health care plan's list of covered drugs during the coverage year. Provides that the provisions do not apply to a health care plan as defined in the State Employees Group Insurance Act of 1971 or medical assistance under the Illinois Public Aid Code. Effective immediately.

LRB100 14115 SMS 28871 b

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 Managed Care Reform and Patient Rights Act  
5 is amended by changing Section 25 as follows:

6 (215 ILCS 134/25)

7 Sec. 25. Transition of services.

8 (a) A health care plan shall provide for continuity of care  
9 for its enrollees as follows:

10 (1) If an enrollee's physician leaves the health care  
11 plan's network of health care providers for reasons other  
12 than termination of a contract in situations involving  
13 imminent harm to a patient or a final disciplinary action  
14 by a State licensing board and the physician remains within  
15 the health care plan's service area, the health care plan  
16 shall permit the enrollee to continue an ongoing course of  
17 treatment with that physician during a transitional  
18 period:

19 (A) of 90 days from the date of the notice of  
20 physician's termination from the health care plan to  
21 the enrollee of the physician's disaffiliation from  
22 the health care plan if the enrollee has an ongoing  
23 course of treatment; or

1 (B) if the enrollee has entered the third trimester  
2 of pregnancy at the time of the physician's  
3 disaffiliation, that includes the provision of  
4 post-partum care directly related to the delivery.

5 (2) Notwithstanding the provisions in item (1) of this  
6 subsection, such care shall be authorized by the health  
7 care plan during the transitional period only if the  
8 physician agrees:

9 (A) to continue to accept reimbursement from the  
10 health care plan at the rates applicable prior to the  
11 start of the transitional period;

12 (B) to adhere to the health care plan's quality  
13 assurance requirements and to provide to the health  
14 care plan necessary medical information related to  
15 such care; and

16 (C) to otherwise adhere to the health care plan's  
17 policies and procedures, including but not limited to  
18 procedures regarding referrals and obtaining  
19 preauthorizations for treatment.

20 (3) The health care plan shall not modify an enrollee's  
21 coverage of a drug during the plan year for any enrollee if  
22 the drug has been previously approved for coverage by the  
23 plan for a medical condition of the enrollee, the plan's  
24 prescribing provider continues to prescribe the drug for  
25 the medical condition, and the patient continues to be an  
26 enrollee of the health care plan. Prohibited modifications

1 referred to in this paragraph (3) include, but are not  
2 limited to:

3 (A) increasing the out-of-pocket costs for a  
4 covered drug;

5 (B) moving a prescription drug to a more  
6 restrictive tier; or

7 (C) removing a prescription drug from a formulary.

8 This paragraph (3) does not prohibit a health care  
9 plan, by contract, written policy or procedure, or any  
10 other agreement or course of conduct, from requiring a  
11 pharmacist to effect generic substitutions of prescription  
12 drugs.

13 This paragraph (3) does not apply to a health plan  
14 as defined in the State Employees Group Insurance Act of 1971  
15 or medical assistance under Article V of the Illinois Public  
16 Aid Code.

17 (b) A health care plan shall provide for continuity of care  
18 for new enrollees as follows:

19 (1) If a new enrollee whose physician is not a member  
20 of the health care plan's provider network, but is within  
21 the health care plan's service area, enrolls in the health  
22 care plan, the health care plan shall permit the enrollee  
23 to continue an ongoing course of treatment with the  
24 enrollee's current physician during a transitional period:

25 (A) of 90 days from the effective date of  
26 enrollment if the enrollee has an ongoing course of

1 treatment; or

2 (B) if the enrollee has entered the third trimester  
3 of pregnancy at the effective date of enrollment, that  
4 includes the provision of post-partum care directly  
5 related to the delivery.

6 (2) If an enrollee elects to continue to receive care  
7 from such physician pursuant to item (1) of this  
8 subsection, such care shall be authorized by the health  
9 care plan for the transitional period only if the physician  
10 agrees:

11 (A) to accept reimbursement from the health care  
12 plan at rates established by the health care plan; such  
13 rates shall be the level of reimbursement applicable to  
14 similar physicians within the health care plan for such  
15 services;

16 (B) to adhere to the health care plan's quality  
17 assurance requirements and to provide to the health  
18 care plan necessary medical information related to  
19 such care; and

20 (C) to otherwise adhere to the health care plan's  
21 policies and procedures including, but not limited to  
22 procedures regarding referrals and obtaining  
23 preauthorization for treatment.

24 (c) In no event shall this Section be construed to require  
25 a health care plan to provide coverage for benefits not  
26 otherwise covered or to diminish or impair preexisting

1 condition limitations contained in the enrollee's contract. In  
2 no event shall this Section be construed to prohibit the  
3 addition of prescription drugs to a health care plan's list of  
4 covered drugs during the coverage year.

5 (Source: P.A. 91-617, eff. 7-1-00.)

6 Section 99. Effective date. This Act takes effect upon  
7 becoming law.