

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 substitutions of prescription
12 drugs consistent with Section 19.5 of the Pharmacy
13 Practice Act, under which a pharmacist may substitute
14 an interchangeable biologic for a prescribed biologic
15 product, and Section 25 of the Pharmacy Practice Act,
16 under which a pharmacist may select a generic drug
17 determined to be therapeutically equivalent by the
18 United States Food and Drug Administration and in
19 accordance with the Illinois Food, Drug and Cosmetic
20 Act.

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

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

1 (1) If a new enrollee whose physician is not a member
2 of the health care plan's provider network, but is within
3 the health care plan's service area, enrolls in the health
4 care plan, the health care plan shall permit the enrollee
5 to continue an ongoing course of treatment with the
6 enrollee's current physician during a transitional period:

7 (A) of 90 days from the effective date of
8 enrollment if the enrollee has an ongoing course of
9 treatment; or

10 (B) if the enrollee has entered the third trimester
11 of pregnancy at the effective date of enrollment, that
12 includes the provision of post-partum care directly
13 related to the delivery.

14 (2) If an enrollee elects to continue to receive care
15 from such physician pursuant to item (1) of this
16 subsection, such care shall be authorized by the health
17 care plan for the transitional period only if the physician
18 agrees:

19 (A) to accept reimbursement from the health care
20 plan at rates established by the health care plan; such
21 rates shall be the level of reimbursement applicable to
22 similar physicians within the health care plan for such
23 services;

24 (B) to adhere to the health care plan's quality
25 assurance requirements and to provide to the health
26 care plan necessary medical information related to

1 such care; and

2 (C) to otherwise adhere to the health care plan's
3 policies and procedures including, but not limited to
4 procedures regarding referrals and obtaining
5 preauthorization for treatment.

6 (c) In no event shall this Section be construed to require
7 a health care plan to provide coverage for benefits not
8 otherwise covered or to diminish or impair preexisting
9 condition limitations contained in the enrollee's contract. In
10 no event shall this Section be construed to prohibit the
11 addition of prescription drugs to a health care plan's list of
12 covered drugs during the coverage year.

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

14 Section 99. Effective date. This Act takes effect upon
15 becoming law.