



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2160

by Rep. Deb Conroy

SYNOPSIS AS INTRODUCED:

215 ILCS 5/364.3 new
305 ILCS 5/5-5.12c new

Amends the Illinois Insurance Code. Requires the Department of Insurance to develop a uniform electronic prior authorization form to be used by an insurer that provides prescription drug benefits when requiring prior authorization. Provides that the development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Insurance shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the insurer. Amends the Illinois Public Aid Code. Requires the Department of Healthcare and Family services to develop a uniform electronic prior authorization form to be used by a managed care organization that provides prescription drug benefits when requiring prior authorization. Provides that the development of the uniform electronic prior authorization form shall include input from specified interested parties and that the Department of Healthcare and Family Services shall take into consideration certain existing prior authorization forms and national standards pertaining to electronic authorization. Includes procedures for when a completed and accurate uniform electronic prior authorization form is not accepted by the managed care organization.

LRB101 07253 SMS 52292 b

FISCAL NOTE ACT
MAY APPLY

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 adding
5 Section 364.3 as follows:

6 (215 ILCS 5/364.3 new)

7 Sec. 364.3. Insurer uniform electronic prior authorization
8 form; prescription benefits.

9 (a) As used in this Section, "prescribing provider"
10 includes a provider authorized to write a prescription, as
11 described in subsection (e) of Section 3 of the Pharmacy
12 Practice Act, to treat a medical condition of an insured.

13 (b) Notwithstanding any other provision of law to the
14 contrary, on and after July 1, 2021, an insurer that provides
15 prescription drug benefits shall utilize and accept the uniform
16 electronic prior authorization form developed pursuant to
17 subsection (c) when requiring prior authorization for
18 prescription drug benefits.

19 (c) On or before July 1, 2020, the Department shall develop
20 a uniform electronic prior authorization form that shall be
21 used by commercial insurers. Notwithstanding any other
22 provision of law to the contrary, on and after July 1, 2021,
23 every prescribing provider must use the uniform electronic

1 prior authorization form to request prior authorization for
2 coverage of prescription drug benefits and every insurer shall
3 accept the uniform electronic prior authorization form as
4 sufficient to request prior authorization for prescription
5 drug benefits.

6 (d) The Department shall develop the uniform electronic
7 prior authorization form with input from interested parties,
8 including, but not limited to, the following individuals
9 appointed by the Director: 2 psychiatrists recommended by a
10 State organization that represents psychiatrists, 2
11 pharmacists recommended by a State organization that
12 represents pharmacists, 2 physicians recommended by a State
13 organization that represents physicians, 2 family physicians
14 recommended by a State organization that represents family
15 physicians, 2 pediatricians recommended by a State
16 organization that represents pediatricians, and 2
17 representatives of the association that represents commercial
18 insurers, from at least one public meeting.

19 (e) The Department, in development of the uniform
20 electronic prior authorization form, shall take into
21 consideration the following:

22 (1) existing prior authorization forms established by
23 the federal Centers for Medicare and Medicaid Services and
24 the Department; and

25 (2) national standards pertaining to electronic prior
26 authorization.

1 (f) If, upon receipt of a completed and accurate electronic
2 prior authorization request from a prescribing provider
3 pursuant to the submission of a uniform electronic prior
4 authorization form, an insurer fails to use or accept the
5 uniform electronic prior authorization form or fails to respond
6 within 24 hours (if the patient has urgent medication needs) or
7 within 72 hours (if the patient has regular medication needs),
8 then the prior authorization request shall be deemed to have
9 been granted.

10 Section 10. The Illinois Public Aid Code is amended by
11 adding Section 5-5.12c as follows:

12 (305 ILCS 5/5-5.12c new)

13 Sec. 5-5.12c. Managed care organization uniform electronic
14 prior authorization form; prescription benefits.

15 (a) As used in this Section, "prescribing provider"
16 includes a provider authorized to write a prescription, as
17 described in subsection (e) of Section 3 of the Pharmacy
18 Practice Act, to treat a medical condition of an insured.

19 (b) Notwithstanding any other provision of law to the
20 contrary, on and after July 1, 2021, a managed care
21 organization that provides prescription drug benefits shall
22 utilize and accept the uniform electronic prior authorization
23 form developed pursuant to subsection (c) when requiring prior
24 authorization for prescription drug benefits.

1 (c) On or before July 1, 2020, the Department of Healthcare
2 and Family Services shall develop a uniform electronic prior
3 authorization form that shall be used by managed care
4 organizations. Notwithstanding any other provision of law to
5 the contrary, on and after July 1, 2021, every prescribing
6 provider must use the uniform electronic prior authorization
7 form to request prior authorization for coverage of
8 prescription drug benefits, and every managed care
9 organization shall accept the uniform electronic prior
10 authorization form as sufficient to request prior
11 authorization for prescription drug benefits.

12 (d) The Department of Healthcare and Family Services shall
13 develop the uniform electronic prior authorization form with
14 input from interested parties, including, but not limited to,
15 the following individuals appointed by the Director of
16 Healthcare and Family Services: 2 psychiatrists recommended by
17 a State organization that represents psychiatrists, 2
18 pharmacists recommended by a State organization that
19 represents pharmacists, 2 physicians recommended by a State
20 organization that represents physicians, 2 family physicians
21 recommended by a State organization that represents family
22 physicians, 2 pediatricians recommended by a State
23 organization that represents pediatricians, and 2
24 representatives of the association that represents managed
25 care organizations, from at least one public meeting.

26 (e) The Department of Healthcare and Family Services, in

1 development of the uniform electronic prior authorization
2 form, shall take into consideration the following:

3 (1) existing prior authorization forms established by
4 the federal Centers for Medicare and Medicaid Services and
5 the Department of Healthcare and Family Services; and

6 (2) national standards pertaining to electronic prior
7 authorization.

8 (f) If, upon receipt of a completed and accurate electronic
9 prior authorization request from a prescribing provider
10 pursuant to the submission of a uniform electronic prior
11 authorization form, a managed care organization fails to use or
12 accept the uniform electronic prior authorization form or fails
13 to respond within 24 hours, then the prior authorization
14 request shall be deemed to have been granted.