



Rep. Lou Lang

Filed: 3/3/2011

09700HB0062ham001

LRB097 03199 RPM 51798 a

1 AMENDMENT TO HOUSE BILL 62

2 AMENDMENT NO. _____. Amend House Bill 62 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 adding Section 356z.19 as follows:

6 (215 ILCS 5/356z.19 new)

7 Sec. 356z.19. Phototherapy treatment for psoriasis.

8 (a) The General Assembly finds as follows:

9 (1) Psoriasis is a non-contagious, chronic,
10 inflammatory, painful, and often disfiguring and disabling
11 autoimmune disease for which there is no cure.
12 Approximately 333,000 Illinois residents are affected by
13 psoriasis, the most prevalent autoimmune disease in this
14 country. It is a systemic disease that is connected with an
15 elevated risk for a range of other serious, chronic, and
16 life-threatening comorbid conditions, including

1 cardiovascular disease, diabetes, hypertension, and
2 stroke. Up to 30% of people with psoriasis also develop
3 potentially disabling psoriatic arthritis.

4 (2) Psoriasis is a lifelong chronic disease and
5 requires timely and appropriate medical care. Lack of
6 appropriate treatment for psoriasis can result in serious
7 adverse impacts to functioning, including loss of
8 mobility, pain, isolation, and depression and may
9 contribute to comorbid conditions.

10 (3) Phototherapy (ultraviolet light therapy) is a
11 safe, effective, and commonly prescribed first-line
12 treatment for psoriasis. Phototherapy is treatment
13 exposing the skin to an artificial ultraviolet light source
14 for a set length of time on a regular schedule.

15 (4) Phototherapy is a critical treatment option for
16 patients who are prevented from taking other medications
17 because of conditions such as pregnancy, infection, or
18 malignancy. It is also an important treatment used in
19 combination with other medications.

20 (5) A typical start-up regimen for phototherapy is 3
21 treatment visits per week, for 8 to 12 weeks. Long-term
22 maintenance regimens are usually required. Surveys of
23 psoriasis patients indicate approximately 18 % use
24 phototherapy to treat their psoriasis, or about 60,000
25 people in this State.

26 (6) Other prescribed treatments for psoriasis, such as

1 systemic or biologic medications, while important options
2 for some patients can have serious side effects, including
3 death, liver toxicity, kidney failure, cancer, birth
4 defects, and infections such as tuberculosis.

5 (7) Phototherapy is a relatively inexpensive
6 treatment, compared to other treatment options for
7 psoriasis such as systemic or biologic medications. The
8 annual cost to the health care system for phototherapy is
9 approximately one-seventh the cost of some other treatment
10 options.

11 (8) Despite its relatively economical cost, very
12 substantial copayments for phototherapy are a barrier to
13 accessing care for patients who need this safe and
14 effective option to treat their disease and live a normal
15 life. As a result, patients either opt out of treatment
16 entirely or prematurely move to more expensive and
17 sometimes riskier therapies.

18 (9) While a physician may likely prescribe a course of
19 treatment for phototherapy lasting many months, the
20 patient is charged a copayment for each individual
21 phototherapy treatment throughout the course of the
22 treatment.

23 (10) Prescriptions for other treatments can have much
24 lower out-of-pocket costs under pharmaceutical
25 prescription plans than phototherapy, which is billed as an
26 office procedure, creating financial difficulty for

1 patients for whom phototherapy might otherwise be the
2 preferred treatment option. Generally, prescriptions for
3 medications carry one fixed monthly copayment, whereas
4 phototherapy may require 12 or more copayments in one
5 month.

6 (11) The General Assembly recognizes the importance of
7 requiring, where shown to be medically necessary, rational
8 and economical insurance coverage that encourages and
9 incentivizes healthy, preventive, and cost-effective
10 decision making by both physicians and patients.

11 (b) With regard to an insured who is prescribed
12 phototherapy treatment for psoriasis from a physician, a
13 physician may determine whether, in the physician's opinion,
14 the failure of a patient to undergo the prescribed course of
15 phototherapy treatment would increase the likelihood that the
16 patient will need to be shifted to a more costly course of
17 treatment. Insurance plans may seek physician certification
18 that the factor described in this subsection (b) exists.

19 (c) In those cases where the physician has made the
20 determination described in subsection (b) of this Section, no
21 group or individual health insurer shall (i) charge a copayment
22 for a prescribed course of phototherapy treatment that exceeds
23 50% of the first phototherapy treatment or (ii) charge
24 copayments for additional phototherapy treatments performed
25 under the same course of treatment."