



## 99TH GENERAL ASSEMBLY

### State of Illinois

2015 and 2016

HB5576

by Rep. Elaine Nekritz

#### SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.4

Amends the Illinois Insurance Code. Makes changes to a Section concerning coverage for contraceptives. Provides that that an individual or group health policy shall provide coverage for all contraceptive drugs, devices, and other products approved by the United States Food and Drug Administration, including over-the-counter contraceptive drugs, devices, and products; voluntarily sterilization procedures; contraceptive services, patient education, and counseling on contraception; and follow-up services related to their use. Provides that if the United States Food and Drug Administration has approved one or more therapeutic equivalent versions of a contraceptive drug, device, or product, a policy is not required to include all therapeutic equivalent versions in its formulary, so long as at least one is included and covered without cost-sharing; if an individual's attending provider recommends a particular service or item approved by the United States Food and Drug Administration based on a determination of medical necessity with respect to that individual, the plan or issuer must cover that service or item without cost sharing and the plan or issuer must defer to the determination of the attending provider; if a drug, device or product is not covered, plans and issuers must have an easily accessible, transparent, and sufficiently expedient process that is not unduly burdensome on the individual, provider or person acting as a patient's authorized representative to ensure coverage without cost sharing; and that coverage must provide for the dispensing of 12 months' worth of contraception at one time. Defines "contraceptive services", "medical necessity", and "therapeutic equivalent version". Removes language prohibiting the provisions from being construed to require an insurance company cover services related to permanent sterilization requiring a surgical procedure.

LRB099 20488 EGJ 45009 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 Illinois Insurance Code is amended by  
5 changing Section 356z.4 as follows:

6 (215 ILCS 5/356z.4)

7 Sec. 356z.4. Coverage for contraceptives.

8 (a) The General Assembly hereby finds and declares all of  
9 the following:

10 (1) Illinois has a long history of expanding timely  
11 access to birth control to prevent unintended pregnancy.

12 (2) The federal Patient Protection and Affordable Care  
13 Act includes a contraceptive coverage guarantee as part of  
14 a broader requirement for health insurance to cover key  
15 preventive care services without out-of-pocket costs for  
16 patients.

17 (3) The General Assembly intends to build on existing  
18 State and federal law to promote gender equity and women's  
19 health and to ensure greater contraceptive coverage equity  
20 and timely access to all federal Food and Drug  
21 Administration approved methods of birth control for all  
22 individuals covered by an individual or group health  
23 insurance policy in Illinois.

1           (4) Medical management techniques such as denials,  
2           step therapy, or prior authorization in public and private  
3           health care coverage can impede access to the most  
4           effective contraceptive methods.

5           (b) As used in this Section:

6           "Contraceptive services" includes consultations,  
7           examinations, procedures, and medical services, provided on an  
8           outpatient basis and related to the use of contraceptive  
9           methods (including natural family planning) to prevent an  
10           unintended pregnancy.

11           "Medical necessity" includes, but is not limited to,  
12           considerations such as severity of side effects, differences in  
13           permanence and reversibility of contraceptive, and ability to  
14           adhere to the appropriate use of the item or service, as  
15           determined by the attending provider.

16           "Therapeutic equivalent version" means drugs, devices, or  
17           products that can be expected to have the same clinical effect  
18           and safety profile when administered to patients under the  
19           conditions specified in the labeling and satisfy the following  
20           general criteria:

21           (1) they are approved as safe and effective;

22           (2) they are pharmaceutical equivalents in that they

23           (A) contain identical amounts of the same active drug  
24           ingredient in the same dosage form and route of  
25           administration and (B) meet compendial or other applicable  
26           standards of strength, quality, purity, and identity;

1           (3) they are bioequivalent in that (A) they do not  
2           present a known or potential bioequivalence problem and  
3           they meet an acceptable in vitro standard or (B) if they do  
4           present such a known or potential problem, they are shown  
5           to meet an appropriate bioequivalence standard;

6           (4) they are adequately labeled; and

7           (5) they are manufactured in compliance with Current  
8           Good Manufacturing Practice regulations.

9           (c) ~~(a)~~ An individual or group policy of accident and  
10          health insurance amended, delivered, issued, or renewed in this  
11          State after the effective date of this amendatory Act of the  
12          99th General Assembly shall provide coverage for all of the  
13          following services and contraceptive methods:

14           (1) All contraceptive drugs, devices, and other  
15           products approved by the United States Food and Drug  
16           Administration. This includes all over-the-counter  
17           contraceptive drugs, devices, and products approved by the  
18           United States Food and Drug Administration. The following  
19           apply:

20           (A) If the United States Food and Drug  
21           Administration has approved one or more therapeutic  
22           equivalent versions of a contraceptive drug, device,  
23           or product, a policy is not required to include all  
24           such therapeutic equivalent versions in its formulary,  
25           so long as at least one is included and covered without  
26           cost-sharing and in accordance with this Section.

1           (B) If an individual's attending provider  
2           recommends a particular service or item approved by the  
3           United States Food and Drug Administration based on a  
4           determination of medical necessity with respect to  
5           that individual, the plan or issuer must cover that  
6           service or item without cost sharing. The plan or  
7           issuer must defer to the determination of the attending  
8           provider.

9           (C) If a drug, device, or product is not covered,  
10          plans and issuers must have an easily accessible,  
11          transparent, and sufficiently expedient process that  
12          is not unduly burdensome on the individual or a  
13          provider or other individual acting as a patient's  
14          authorized representative to ensure coverage without  
15          cost sharing.

16          (D) This coverage must provide for the dispensing  
17          of 12 months' worth of contraception at one time.

18          (2) Voluntary sterilization procedures.

19          (3) Contraceptive services, patient education, and  
20          counseling on contraception.

21          (4) Follow-up services related to the drugs, devices,  
22          products, and procedures covered under this Section,  
23          including, but not limited to, management of side effects,  
24          counseling for continued adherence, and device insertion  
25          and removal.

26          (d) A policy subject to this Section shall not impose a

1 deductible, coinsurance, copayment, or any other cost-sharing  
2 requirement on the coverage provided pursuant to this Section.

3 (e) Except as otherwise authorized under this Section, a  
4 policy shall not impose any restrictions or delays on the  
5 coverage required under this Section.

6 ~~this amendatory Act of the 93rd General Assembly that provides~~  
7 ~~coverage for outpatient services and outpatient prescription~~  
8 ~~drugs or devices must provide coverage for the insured and any~~  
9 ~~dependent of the insured covered by the policy for all~~  
10 ~~outpatient contraceptive services and all outpatient~~  
11 ~~contraceptive drugs and devices approved by the Food and Drug~~  
12 ~~Administration. Coverage required under this Section may not~~  
13 ~~impose any deductible, coinsurance, waiting period, or other~~  
14 ~~cost sharing or limitation that is greater than that required~~  
15 ~~for any outpatient service or outpatient prescription drug or~~  
16 ~~device otherwise covered by the policy. (b) As used in this~~  
17 ~~Section, "outpatient contraceptive service" means~~  
18 ~~consultations, examinations, procedures, and medical services,~~  
19 ~~provided on an outpatient basis and related to the use of~~  
20 ~~contraceptive methods (including natural family planning) to~~  
21 ~~prevent an unintended pregnancy.~~

22 (f) ~~(e)~~ Nothing in this Section shall be construed to  
23 require an insurance company to cover services related to an  
24 abortion as the term "abortion" is defined in the Illinois  
25 Abortion Law of 1975.

26 ~~(d) Nothing in this Section shall be construed to require~~

1 ~~an insurance company to cover services related to permanent~~  
2 ~~sterilization that requires a surgical procedure.~~

3 (Source: P.A. 95-331, eff. 8-21-07.)