



Rep. Elaine Nekritz

Filed: 11/14/2016

09900SB2901ham002

LRB099 20671 RPS 51478 a

1 AMENDMENT TO SENATE BILL 2901

2 AMENDMENT NO. _____. Amend Senate Bill 2901, AS AMENDED,
3 by replacing everything after the enacting clause with the
4 following:

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

7 (215 ILCS 5/356z.4)

8 (Text of Section before amendment by P.A. 99-672)

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

10 (a) An individual or group policy of accident and health
11 insurance amended, delivered, issued, or renewed in this State
12 after the effective date of this amendatory Act of the 93rd
13 General Assembly that provides coverage for outpatient
14 services and outpatient prescription drugs or devices must
15 provide coverage for the insured and any dependent of the
16 insured covered by the policy for all outpatient contraceptive

1 services and all outpatient contraceptive drugs and devices
2 approved by the Food and Drug Administration. Coverage required
3 under this Section may not impose any deductible, coinsurance,
4 waiting period, or other cost-sharing or limitation that is
5 greater than that required for any outpatient service or
6 outpatient prescription drug or device otherwise covered by the
7 policy.

8 (b) As used in this Section, "outpatient contraceptive
9 service" means consultations, examinations, procedures, and
10 medical services, provided on an outpatient basis and related
11 to the use of contraceptive methods (including natural family
12 planning) to prevent an unintended pregnancy.

13 (c) Nothing in this Section shall be construed to require
14 an insurance company to cover services related to an abortion
15 as the term "abortion" is defined in the Illinois Abortion Law
16 of 1975.

17 (d) Nothing in this Section shall be construed to require
18 an insurance company to cover services related to permanent
19 sterilization that requires a surgical procedure.

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

21 (Text of Section after amendment by P.A. 99-672)

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

23 (a) (1) The General Assembly hereby finds and declares all
24 of the following:

25 (A) Illinois has a long history of expanding timely

1 access to birth control to prevent unintended pregnancy.

2 (B) The federal Patient Protection and Affordable Care
3 Act includes a contraceptive coverage guarantee as part of
4 a broader requirement for health insurance to cover key
5 preventive care services without out-of-pocket costs for
6 patients.

7 (C) The General Assembly intends to build on existing
8 State and federal law to promote gender equity and women's
9 health and to ensure greater contraceptive coverage equity
10 and timely access to all federal Food and Drug
11 Administration approved methods of birth control for all
12 individuals covered by an individual or group health
13 insurance policy in Illinois.

14 (D) Medical management techniques such as denials,
15 step therapy, or prior authorization in public and private
16 health care coverage can impede access to the most
17 effective contraceptive methods.

18 (2) As used in this subsection (a):

19 "Contraceptive services" includes consultations,
20 examinations, procedures, and medical services related to the
21 use of contraceptive methods (including natural family
22 planning) to prevent an unintended pregnancy.

23 "Medical necessity", for the purposes of this subsection
24 (a), includes, but is not limited to, considerations such as
25 severity of side effects, differences in permanence and
26 reversibility of contraceptive, and ability to adhere to the

1 appropriate use of the item or service, as determined by the
2 attending provider.

3 "Therapeutic equivalent version" means drugs, devices, or
4 products that can be expected to have the same clinical effect
5 and safety profile when administered to patients under the
6 conditions specified in the labeling and satisfy the following
7 general criteria:

8 (i) they are approved as safe and effective;

9 (ii) they are pharmaceutical equivalents in that they

10 (A) contain identical amounts of the same active drug
11 ingredient in the same dosage form and route of
12 administration and (B) meet compendial or other applicable
13 standards of strength, quality, purity, and identity;

14 (iii) they are bioequivalent in that (A) they do not
15 present a known or potential bioequivalence problem and
16 they meet an acceptable in vitro standard or (B) if they do
17 present such a known or potential problem, they are shown
18 to meet an appropriate bioequivalence standard;

19 (iv) they are adequately labeled; and

20 (v) they are manufactured in compliance with Current
21 Good Manufacturing Practice regulations.

22 (3) An individual or group policy of accident and health
23 insurance amended, delivered, issued, or renewed in this State
24 on or after January 1, 2017 (the effective date of Public Act
25 99-672) ~~this amendatory Act of the 99th General Assembly~~ shall
26 provide coverage for all of the following services and

1 contraceptive methods:

2 (A) All contraceptive drugs, devices, and other
3 products approved by the United States Food and Drug
4 Administration. This includes all over-the-counter
5 contraceptive drugs, devices, and products approved by the
6 United States Food and Drug Administration, excluding male
7 condoms. The following apply:

8 (i) If the United States Food and Drug
9 Administration has approved one or more therapeutic
10 equivalent versions of a contraceptive drug, device,
11 or product, a policy is not required to include all
12 such therapeutic equivalent versions in its formulary,
13 so long as at least one is included and covered without
14 cost-sharing and in accordance with this Section.

15 (ii) If an individual's attending provider
16 recommends a particular service or item approved by the
17 United States Food and Drug Administration based on a
18 determination of medical necessity with respect to
19 that individual, the plan or issuer must cover that
20 service or item without cost sharing. The plan or
21 issuer must defer to the determination of the attending
22 provider.

23 (iii) If a drug, device, or product is not covered,
24 plans and issuers must have an easily accessible,
25 transparent, and sufficiently expedient process that
26 is not unduly burdensome on the individual or a

1 provider or other individual acting as a patient's
2 authorized representative to ensure coverage without
3 cost sharing.

4 (iv) This coverage must provide for the dispensing
5 of 12 months' worth of contraception at one time.

6 (B) Voluntary sterilization procedures.

7 (C) Contraceptive services, patient education, and
8 counseling on contraception.

9 (D) Follow-up services related to the drugs, devices,
10 products, and procedures covered under this Section,
11 including, but not limited to, management of side effects,
12 counseling for continued adherence, and device insertion
13 and removal.

14 (4) Except as otherwise provided in this subsection (a), a
15 policy subject to this subsection (a) shall not impose a
16 deductible, coinsurance, copayment, or any other cost-sharing
17 requirement on the coverage provided.

18 (5) Except as otherwise authorized under this subsection
19 (a), a policy shall not impose any restrictions or delays on
20 the coverage required under this subsection (a).

21 (6) If, at any time, the Secretary of the United States
22 Department of Health and Human Services, or its successor
23 agency, promulgates rules or regulations to be published in the
24 Federal Register or publishes a comment in the Federal Register
25 or issues an opinion, guidance, or other action that would
26 require the State, pursuant to any provision of the Patient

1 Protection and Affordable Care Act (Public Law 111-148),
2 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
3 successor provision, to defray the cost of any coverage
4 outlined in this subsection (a), then this subsection (a) is
5 inoperative with respect to all coverage outlined in this
6 subsection (a) other than that authorized under Section 1902 of
7 the Social Security Act, 42 U.S.C. 1396a, and the State shall
8 not assume any obligation for the cost of the coverage set
9 forth in this subsection (a).

10 (b) This subsection (b) shall become operative if and only
11 if subsection (a) becomes inoperative.

12 An individual or group policy of accident and health
13 insurance amended, delivered, issued, or renewed in this State
14 after the date this subsection (b) becomes operative that
15 provides coverage for outpatient services and outpatient
16 prescription drugs or devices must provide coverage for the
17 insured and any dependent of the insured covered by the policy
18 for all outpatient contraceptive services and all outpatient
19 contraceptive drugs and devices approved by the Food and Drug
20 Administration. Coverage required under this Section may not
21 impose any deductible, coinsurance, waiting period, or other
22 cost-sharing or limitation that is greater than that required
23 for any outpatient service or outpatient prescription drug or
24 device otherwise covered by the policy.

25 Nothing in this subsection (b) shall be construed to
26 require an insurance company to cover services related to

1 permanent sterilization that requires a surgical procedure.

2 As used in this subsection (b), "outpatient contraceptive
3 service" means consultations, examinations, procedures, and
4 medical services, provided on an outpatient basis and related
5 to the use of contraceptive methods (including natural family
6 planning) to prevent an unintended pregnancy.

7 (c) Nothing in this Section shall be construed to require
8 an insurance company to cover services related to an abortion
9 as the term "abortion" is defined in the Illinois Abortion Law
10 of 1975.

11 (d) If a plan or issuer utilizes a network of providers,
12 nothing in this Section shall be construed to require coverage
13 or to prohibit the plan or issuer from imposing cost-sharing
14 for items or services described in this Section that are
15 provided or delivered by an out-of-network provider, unless the
16 plan or issuer does not have in its network a provider who is
17 able to or is willing to provide the applicable items or
18 services.

19 (Source: P.A. 99-672, eff. 1-1-17.)

20 Section 95. No acceleration or delay. Where this Act makes
21 changes in a statute that is represented in this Act by text
22 that is not yet or no longer in effect (for example, a Section
23 represented by multiple versions), the use of that text does
24 not accelerate or delay the taking effect of (i) the changes
25 made by this Act or (ii) provisions derived from any other

1 Public Act.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.".