



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB2174

by Rep. Kathleen Willis

#### SYNOPSIS AS INTRODUCED:

215 ILCS 134/45.3 new

Amends the Managed Care Reform and Patient Rights Act. Provides that every health insurance carrier that provides coverage for prescription drugs shall ensure that no fewer than 25% of certain individual and group plans offered shall apply a pre-deductible, flat-dollar copayment structure to the entire drug benefit. Provides that the flat-dollar copayment structure for prescription drugs must be reasonably graduated and proportionately related in all tier levels such that the copayment structure as a whole does not discriminate against or discourage the enrollment of individuals with significant health care needs. Requires the health insurance carriers to clearly and appropriately name the plans to aid in consumer or plan-sponsor plan selection. Requires the health insurance carriers to market the plans in the same manner as their other plans. Provides that if a health insurance carrier offers fewer than 4 plans, the health insurance carrier shall ensure that one plan shall use the drug benefit structure, including cost-sharing requirements. Requires the Department of Insurance to adopt rules necessary to implement and enforce the provisions. Effective January 1, 2020.

LRB101 07405 SMS 52445 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 Managed Care Reform and Patient Rights Act  
5 is amended by adding Section 45.3 as follows:

6 (215 ILCS 134/45.3 new)

7 Sec. 45.3. Prescription drug benefits; plan choice.

8 (a) Notwithstanding any other provision of law, on or after  
9 January 1, 2020, every health insurance carrier that provides  
10 coverage for prescription drugs shall ensure that no fewer than  
11 25% of individual and group plans offered within each service  
12 area and at each level of coverage as defined in 42 U.S.C.  
13 18022, if applicable, that are delivered, issued for delivery,  
14 renewed, amended, or continued by the health insurance carrier  
15 shall apply a pre-deductible, flat-dollar copayment structure  
16 to the entire drug benefit, including all tiers. A health  
17 insurance carrier shall not apply the deductible or any  
18 coinsurance amount to the entire drug benefit for these plans.  
19 The flat-dollar copayment structure for prescription drugs  
20 under this subsection (a) must be reasonably graduated and  
21 proportionately related in all tier levels such that the  
22 copayment structure as a whole does not discriminate against or  
23 discourage the enrollment of individuals with significant

1 health care needs.

2 (b) A health insurance carrier shall clearly and  
3 appropriately name all plans described in subsection (a) to aid  
4 in the consumer or plan-sponsor plan selection process.

5 (c) A health insurance carrier shall market plans described  
6 in subsection (a) in the same manner as plans not described in  
7 subsection (a). With respect to group health plans, a health  
8 insurance carrier shall ensure that each group or plan sponsor  
9 has the option to purchase a plan described in subsection (a).

10 (d) If a health insurance carrier offers fewer than 4 plans  
11 in a service area, or in a service area and level of coverage,  
12 if applicable, the health insurance carrier shall ensure that  
13 one plan shall use the drug benefit structure, including  
14 cost-sharing requirements, set forth in subsection (a).

15 (e) The Department shall adopt rules necessary to implement  
16 and enforce the provisions of this Section.

17 Section 99. Effective date. This Act takes effect January  
18 1, 2020.