



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB2326

by Rep. Fred Crespo

#### SYNOPSIS AS INTRODUCED:

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

Amends the Illinois Insurance Code and the Illinois Public Aid Code. Requires that on or before July 1, 2020, the Department of Insurance and Department of Healthcare and Family Services to jointly develop a uniform prior authorization form to be used by prescribing providers to request prior authorization for prescription drug benefits. Provides that on and after January 1, 2021 or 6 months after the uniform prior authorization form is developed, whichever is later, health insurers, managed care organizations, and fee-for-service medical assistance programs that provide prescription drug benefits shall utilize and accept the uniform prior authorization form and prescribing providers may use the uniform prior authorization form. Provides criteria for developing the uniform prior authorization form. Provides requirements and limitations of prior authorization requests. Effective immediately.

LRB101 06063 SMS 51084 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. Uniform prior authorization form; prescription  
8 benefits.

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

13 (b) Notwithstanding any other provision of law, on and  
14 after January 1, 2021 or 6 months after the uniform prior  
15 authorization form is developed, whichever is later, a health  
16 insurer that provides prescription drug benefits shall utilize  
17 and accept the uniform prior authorization form developed  
18 pursuant to subsection (d) when requiring prior authorization  
19 for prescription drug benefits.

20 (c) If a health insurer fails to utilize or accept the  
21 uniform prior authorization form or fails to respond within 2  
22 business days after receipt of a completed prior authorization  
23 request from a prescribing provider, pursuant to the submission

1 of the uniform prior authorization form developed as described  
2 in subsection (d), the prior authorization request shall be  
3 deemed to have been granted.

4 (d) On or before July 1, 2020, the Department and the  
5 Department of Healthcare and Family Services shall jointly  
6 develop a uniform prior authorization form that shall be used  
7 by health insurers. Notwithstanding any other provision of law,  
8 on and after January 1, 2021 or 6 months after the uniform  
9 prior authorization form is developed, whichever is later,  
10 every prescribing provider may use that uniform prior  
11 authorization form to request prior authorization for coverage  
12 of prescription drug benefits and every health insurer shall  
13 accept that uniform prior authorization form as sufficient to  
14 request prior authorization for prescription drug benefits.

15 (e) The uniform prior authorization form developed  
16 pursuant to subsection (d) shall not exceed one page and shall  
17 be made electronically available by the Department and the  
18 health insurer.

19 The completed uniform prior authorization form may also be  
20 electronically submitted from the prescribing provider to the  
21 health insurer.

22 The Department and the Department of Healthcare and Family  
23 Services shall develop the uniform prior authorization form  
24 with input from interested parties, including, but not limited  
25 to, 2 psychiatrists recommended by a State organization that  
26 represents psychiatrists appointed by the President of the

1 Senate, 2 physicians recommended by a State organization that  
2 represents physicians appointed by the Speaker of the House of  
3 Representatives, 2 family physicians recommended by a State  
4 organization that represents family physicians appointed by  
5 the President of the Senate, 2 pediatricians recommended by a  
6 State organization that represents pediatricians appointed by  
7 the Speaker of the House of Representatives, from at least one  
8 public meeting.

9 The Department and the Department of Healthcare and Family  
10 Services, in development of the uniform prior authorization  
11 form, shall take into consideration the following:

12 (1) existing prior authorization forms established by  
13 the federal Centers for Medicare and Medicaid Services and  
14 the Department of Healthcare and Family Services; and

15 (2) national standards pertaining to electronic prior  
16 authorization.

17 (f) The uniform prior authorization form shall not require  
18 any of the following information or documents:

19 (1) patient medical records;

20 (2) provider chart notes; or

21 (3) drug screens unless clinically relevant.

22 (g) Prior authorization approvals shall be effective for a  
23 minimum of one year.

24 (h) Providers may adjust prescription dosages within  
25 medically accepted ranges without requiring another prior  
26 authorization to change the prescription dosage.

1       (i) Prior authorizations may not be denied because a  
2 prescription would be used off-label from the federal Food and  
3 Drug Administration formal indication if the medication is  
4 recommended by peer reviewed literature or in evidence-based  
5 practice guidelines.

6       (j) The response to an appeal of a prior authorization  
7 denial must be provided:

8           (1) within 24 hours for patients with urgent  
9 medication needs; and

10           (2) within 5 business days for patients with regular  
11 medication needs.

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

14           (305 ILCS 5/5-5.12c new)

15           Sec. 5-5.12c. Uniform prior authorization form;  
16 prescription benefits.

17           (a) For purposes of this Section:

18           "Prescribing provider" includes a provider authorized to  
19 write a prescription, as defined in subsection (e) of Section 3  
20 of the Pharmacy Practice Act, to treat a medical condition of a  
21 person eligible for medical assistance.

22           "Uniform prior authorization form" means the uniform prior  
23 authorization form created under Section 364.3 of the Illinois  
24 Insurance Code.

1       (b) Notwithstanding any other provision of law, on and  
2 after January 1, 2021 or 6 months after the uniform prior  
3 authorization form is developed, whichever is later, a managed  
4 care organization or fee-for-service medical assistance  
5 program that provides prescription drug benefits shall utilize  
6 and accept the uniform prior authorization form when requiring  
7 prior authorization for prescription drug benefits.

8       (c) If a managed care organization or fee-for-service  
9 medical assistance program fails to utilize or accept the  
10 uniform prior authorization form, or fails to respond within 2  
11 business days upon receipt of a completed prior authorization  
12 request from a prescribing provider, pursuant to the submission  
13 of the uniform prior authorization form, the prior  
14 authorization request shall be deemed to have been granted.

15       (d) Notwithstanding any other provision of law, on and  
16 after January 1, 2021 or 6 months after the uniform prior  
17 authorization form is developed, whichever is later, every  
18 prescribing provider may use that uniform prior authorization  
19 form to request prior authorization for coverage of  
20 prescription drug benefits and every managed care organization  
21 and fee-for-service medical assistance program shall accept  
22 that uniform prior authorization form as sufficient to request  
23 prior authorization for prescription drug benefits.

24       (e) The uniform prior authorization form shall be made  
25 electronically available by the Department and the managed care  
26 organization or fee-for-service medical assistance program.

1       (f) Prior authorization approvals shall be effective for a  
2 minimum of one year.

3       (g) Providers may adjust prescription dosages within  
4 medically accepted ranges without requiring another prior  
5 authorization to change the prescription dosage.

6       (h) Prior authorizations may not be denied because a  
7 prescription would be used off-label from the federal Food and  
8 Drug Administration formal indication if the medication is  
9 recommended by peer reviewed literature or in evidence-based  
10 practice guidelines.

11       (i) The response to an appeal of a prior authorization  
12 denial must be provided:

13               (1) within 24 hours for patients with urgent medication  
14 needs; and

15               (2) within 5 business days for patients with regular  
16 medication needs.

17       Section 99. Effective date. This Act takes effect upon  
18 becoming law.