



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB2328

Introduced 2/10/2023, by Sen. Laura M. Murphy

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.12f new

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that, on and after July 1, 2023, all non-controlled FDA-approved prescription medications for the treatment of a serious mental illness shall be covered under the medical assistance program for persons otherwise eligible for medical assistance who are diagnosed with a mental disorder that meets criteria established in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) and which is the focus of the treatment provided, including, but not limited to, schizophrenia, schizo-affective disorders, bipolar disorders, or major depression. Exempts medications covered under the amendatory Act from any prior authorization or lifetime restriction limit mandate. Provides that, for any covered medication that contains an opioid antagonist, the prescriber shall check the Illinois Prescription Monitoring Program to determine if the patient is being actively prescribed an opioid. Requires a prescriber of any medication covered under the amendatory Act to be a board-certified psychiatrist or a medical professional with prescribing authority that routinely treats patients with a serious mental illness. Effective July 1, 2023.

LRB103 30756 KTG 57238 b

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Findings. The General Assembly finds that:

5 (1) The Department of Human Services identifies
6 persons with a serious mental illness as those individuals
7 who have a diagnosis that meets the diagnostic criteria
8 established in the Diagnostic and Statistical Manual of
9 Mental Disorders, Fifth Edition (DSM-5) and which is the
10 focus of the treatment being provided, such as
11 schizophrenia, schizophreniform disorder,
12 schizo-affective disorder, delusional disorder, shared
13 psychotic disorder, brief psychotic disorder, psychotic
14 disorder, bipolar disorder NOS, cyclothymic disorder,
15 major depression, obsessive-compulsive disorder, anorexia
16 nervosa, and bulimia nervosa.

17 (2) Annually, more than 380,000 emergency department
18 visits in the U.S. involve adults with schizophrenia.
19 According to the National Center for Health Statistics,
20 32.7% of these emergency department visits result in a
21 hospital admission while 16.7% of these visits result in a
22 transfer to a psychiatric hospital.

23 (3) In its July 2021 Statistical Brief #278, the
24 Agency for Healthcare Research and Quality identified

1 schizophrenia as the 7th most common diagnosis among
2 adults for hospital readmissions across all insurers in
3 2018.

4 (4) Serious mental illnesses can be effectively
5 treated with medications approved by the federal Food and
6 Drug Administration (FDA).

7 (5) Other states, including Michigan, Indiana, Ohio,
8 Missouri, Texas, Florida, Georgia, Connecticut, Hawaii,
9 Oregon, Arizona, and Maine, have recognized the importance
10 of patient access to FDA-approved medications for the
11 treatment of a serious mental illness and have removed
12 prior authorization barriers to those FDA-approved
13 medications.

14 (6) Illinois has a shortage of mental health
15 providers. FDA-approved medications for the treatment of a
16 serious mental illness should be available to all
17 providers with prescriptive authority in the State,
18 including medical doctors, osteopathic doctors, physicians
19 assistants, and nurse practitioners.

20 (7) The Illinois Medicaid Preferred Drug List already
21 includes FDA-approved medications that do not require
22 prior authorization and that have a safety and
23 tolerability profile equivalent to FDA-approved
24 medications for the treatment of a serious mental illness
25 that do require prior authorization.

26 (8) Annually, this State issues an estimated 60,000

1 prescription medications that do not require prior
2 authorization and that have a safety and tolerability
3 profile that is equivalent to FDA-approved medications for
4 the treatment of a serious mental illness that do require
5 prior authorization.

6 (9) As a matter of professional practice, Illinois
7 health care providers who prescribe FDA-approved
8 medications that contain an opioid antagonist first
9 consult the Illinois Prescription Monitoring Program to
10 determine if the patient is being actively prescribed an
11 opioid.

12 (10) The removal of prior authorization requirements
13 for FDA-approved medications for the treatment of a
14 serious mental illness would have no impact on any
15 federally-mandated drug rebates Illinois receives from
16 drug manufactures under the Medicaid Drug Rebate Program.

17 Section 5. The Illinois Public Aid Code is amended by
18 adding Section 5-5.12f as follows:

19 (305 ILCS 5/5-5.12f new)

20 Sec. 5-5.12f. Non-controlled prescription medications to
21 treat mental illness.

22 (a) As used in this Section:

23 "DSM-5 criteria" means the diagnostic criteria established
24 in the Diagnostic and Statistical Manual of Mental Disorders,

1 Fifth Edition (DSM-5).

2 "FDA" means the United States Food and Drug
3 Administration.

4 (b) Notwithstanding any other provision of this Code to
5 the contrary, on and after July 1, 2023, all non-controlled
6 FDA-approved prescription medications for the treatment of a
7 serious mental illness, as defined by the Department of Human
8 Services, shall be covered under the medical assistance
9 program for persons otherwise eligible for medical assistance
10 who are diagnosed with a mental disorder that meets DSM-5
11 criteria and which is the focus of the treatment provided,
12 including, but not limited to, schizophrenia, schizo-affective
13 disorders, bipolar disorders, or major depression.
14 Prescription medications covered under this Section shall not
15 be subject to any prior authorization mandate or lifetime
16 restriction limit mandate. For any medication covered under
17 this Section that contains an opioid antagonist, the
18 prescriber shall check the Illinois Prescription Monitoring
19 Program to determine if the patient is being actively
20 prescribed an opioid. The prescriber of a non-controlled
21 FDA-approved prescription medication must be a board-certified
22 psychiatrist or a medical professional with prescribing
23 authority that routinely treats patients with a serious mental
24 illness.

25 Section 99. Effective date. This Act takes effect July 1,
26 2023.