

## Rep. Laura Fine

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## Filed: 3/25/2014

09800HB3638ham003 LRB098 12067 RPM 57302 a 1 AMENDMENT TO HOUSE BILL 3638 2 AMENDMENT NO. . Amend House Bill 3638 by replacing everything after the enacting clause with the following: 3 "Section 5. The Illinois Insurance Code is amended by 4 adding Section 364.3 as follows: 5 6 (215 ILCS 5/364.3 new) 7 Sec. 364.3. Prior authorization form; prescription 8 benefits. (a) Notwithstanding any other provision of law, on and 9 after January 1, 2015, a health insurer that provides 10 prescription drug benefits must, within 72 hours after receipt 11 of a prior authorization form from a prescribing provider or 12 pharmacist, either approve or deny the prior authorization. In 13

the case of a denial, the health insurer shall provide the

prescriber with the reason for the denial, an alternative

covered medication, if applicable, and information regarding

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1	the	procedure	for	submitting	an	appeal	to	the	denial.

- In the case of an expedited coverage determination, the health insurer must either approve or deny the prior authorization within 24 hours after receipt of the prior authorization form. In the case of a denial, the health insurer shall provide the prescriber with the reason for the denial, an alternative covered medication, if applicable, and information regarding the procedure for submitting an appeal to the denial.
- (b) Health insurers must provide confirmation of receipt of a prior authorization form within one hour after receipt of the prior authorization form.
- 12 <u>(c) This Section does not apply to plans for beneficiaries</u>
  13 of Medicare or Medicaid.
- 14 (d) For the purposes of this Section:
- "Pharmacist" has the same meaning as set forth in the
  Pharmacy Practice Act.
- "Prescribing provider" includes a provider authorized to
  write a prescription, as described in subsection (e) of Section

  3 of the Pharmacy Practice Act, to treat a medical condition of
  an insured.
- 21 Section 99. Effective date. This Act takes effect upon 22 becoming law.".