

**SB0802**



**99TH GENERAL ASSEMBLY**

**State of Illinois**

**2015 and 2016**

**SB0802**

Introduced 2/5/2015, by Sen. William R. Haine

**SYNOPSIS AS INTRODUCED:**

215 ILCS 134/30

Amends the Managed Care Reform and Patient Rights Act. Provides that no health care plan or its subcontractors may by contract, written policy, procedure, or otherwise (1) mandate or require an optometrist licensed under the Illinois Optometric Practice Act of 1987 to meet requirements not required of other eye care providers as a condition for participation in the health care plan or (2) reimburse the optometrist at a rate lower than other licensed providers based on class of licensure for equal services provided by the optometrist under the plan. Provides that all health care plans shall upon enrollment or renewal inform the plan participant that he or she has a right to choose an optometrist as his or her medical eye care provider.

LRB099 07540 MLM 27663 b

**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 Managed Care Reform and Patient Rights Act  
5 is amended by changing Section 30 as follows:

6 (215 ILCS 134/30)

7 Sec. 30. Prohibitions.

8 (a) No health care plan or its subcontractors may prohibit  
9 or discourage health care providers by contract or policy from  
10 discussing any health care services and health care providers,  
11 utilization review and quality assurance policies, terms and  
12 conditions of plans and plan policy with enrollees, prospective  
13 enrollees, providers, or the public.

14 (b) No health care plan by contract, written policy, or  
15 procedure may permit or allow an individual or entity to  
16 dispense a different drug in place of the drug or brand of drug  
17 ordered or prescribed without the express permission of the  
18 person ordering or prescribing the drug, except as provided  
19 under Section 3.14 of the Illinois Food, Drug and Cosmetic Act.

20 (c) No health care plan or its subcontractors may by  
21 contract, written policy, procedure, or otherwise mandate or  
22 require an enrollee to substitute his or her participating  
23 primary care physician under the plan during inpatient

1 hospitalization, such as with a hospitalist physician licensed  
2 to practice medicine in all its branches, without the agreement  
3 of that enrollee's participating primary care physician.  
4 "Participating primary care physician" for health care plans  
5 and subcontractors that do not require coordination of care by  
6 a primary care physician means the participating physician  
7 treating the patient. All health care plans shall inform  
8 enrollees of any policies, recommendations, or guidelines  
9 concerning the substitution of the enrollee's primary care  
10 physician when hospitalization is necessary in the manner set  
11 forth in subsections (d) and (e) of Section 15.

12 (c-5) No health care plan or its subcontractors may by  
13 contract, written policy, procedure, or otherwise (1) mandate  
14 or require an optometrist licensed under the Illinois  
15 Optometric Practice Act of 1987 to meet requirements not  
16 required of other eye care providers as a condition for  
17 participation in the health care plan or (2) reimburse the  
18 optometrist at a rate lower than other licensed providers based  
19 on class of licensure for equal services provided by the  
20 optometrist under the plan. All health care plans shall, upon  
21 enrollment or renewal, inform the plan participant that he or  
22 she has a right to choose an optometrist as his or her medical  
23 eye care provider.

24 (d) Any violation of this Section shall be subject to the  
25 penalties under this Act.

26 (Source: P.A. 94-866, eff. 6-16-06.)