

AN ACT concerning insurance.

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

Section 5. The State Employees Group Insurance Act of 1971 is amended by changing Section 6.4 as follows:

(5 ILCS 375/6.4) (from Ch. 127, par. 526.4)

Sec. 6.4. Prescription drugs; cancer treatment. If the program of health benefits provides coverage for prescribed drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer, it may not exclude coverage of any drug on the basis that the drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the federal Food and Drug Administration. The drug, however, must be approved by the federal Food and Drug Administration and must be recognized for the treatment of the specific type of cancer for which the drug has been prescribed in any one of the following established reference compendia:

~~(a) the American Medical Association Drug Evaluations;~~

(a) ~~(b)~~ the American Hospital Formulary Service Drug Information; ~~or~~

~~(c) the United States Pharmacopeia Drug Information; or~~

(b) National Comprehensive Cancer Network's Drugs &

Biologics Compendium;

(c) Thomson Micromedex's Drug Dex;

(d) Elsevier Gold Standard's Clinical Pharmacology; or

(e) other authoritative compendia as identified from time to time by the Federal Secretary of Health and Human Services; or

if not in the compendia, recommended for that particular type of cancer in formal clinical studies, the results of which have been published in at least two peer reviewed professional medical journals published in the United States or Great Britain.

Any coverage required by this Section shall also include those medically necessary services associated with the administration of a drug.

Despite the provisions of this Section, coverage shall not be required for any experimental or investigational drugs or any drug that the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed. This Section shall apply only to cancer drugs. Nothing in this Section shall be construed, expressly or by implication, to create, impair, alter, limit, notify, enlarge, abrogate or prohibit reimbursement for drugs used in the treatment of any other disease or condition.

(Source: P.A. 87-980.)

Section 10. The Illinois Insurance Code is amended by changing Section 356z.7 as follows:

(215 ILCS 5/356z.7) (was 215 ILCS 5/370r)

Sec. 356z.7. Prescription drugs; cancer treatment. No group policy of accident or health insurance that provides coverage for prescribed drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer shall exclude coverage of any drug on the basis that the drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the federal Food and Drug Administration. The drug, however, must be approved by the federal Food and Drug Administration and must be recognized for the treatment of the specific type of cancer for which the drug has been prescribed in any one of the following established reference compendia:

~~(a) the American Medical Association Drug Evaluations;~~

(a) ~~(b)~~ the American Hospital Formulary Service Drug Information; or

~~(c) the United States Pharmacopeia Drug Information;~~

(b) National Comprehensive Cancer Network's Drugs & Biologics Compendium;

(c) Thomson Micromedex's Drug Dex;

(d) Elsevier Gold Standard's Clinical Pharmacology; or

(e) other authoritative compendia as identified from time to time by the Federal Secretary of Health and Human

Services;

or if not in the compendia, recommended for that particular type of cancer in formal clinical studies, the results of which have been published in at least two peer reviewed professional medical journals published in the United States or Great Britain.

Any coverage required by this Section shall also include those medically necessary services associated with the administration of a drug.

Despite the provisions of this Section, coverage shall not be required for any experimental or investigational drugs or any drug that the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed. This Section shall apply only to cancer drugs. Nothing in this Section shall be construed, expressly or by implication, to create, impair, alter, limit, notify, enlarge, abrogate or prohibit reimbursement for drugs used in the treatment of any other disease or condition.

(Source: P.A. 95-331, eff. 8-21-07.)

Section 15. The Health Maintenance Organization Act is amended by changing Section 4-6.3 as follows:

(215 ILCS 125/4-6.3)

Sec. 4-6.3. Prescription drugs; cancer treatment. No

health maintenance organization that provides coverage for prescribed drugs approved by the federal Food and Drug Administration for the treatment of certain types of cancer shall exclude coverage of any drug on the basis that the drug has been prescribed for the treatment of a type of cancer for which the drug has not been approved by the federal Food and Drug Administration. The drug, however, must be approved by the federal Food and Drug Administration and must be recognized for the treatment of the specific type of cancer for which the drug has been prescribed in any one of the following established reference compendia: ~~(a) the American Medical Association Drug Evaluations; (b)~~

(a) the American Hospital Formulary Service Drug Information; ~~or (c) the United States Pharmacopeia Drug Information;~~

(b) National Comprehensive Cancer Network's Drugs & Biologics Compendium;

(c) Thomson Micromedex's Drug Dex;

(d) Elsevier Gold Standard's Clinical Pharmacology; or

(e) other authoritative compendia as identified from time to time by the Federal Secretary of Health and Human Services;

or if not in the compendia, recommended for that particular type of cancer in formal clinical studies, the results of which have been published in at least two peer reviewed professional medical journals published in the United States or Great

Britain.

Any coverage required by this Section shall also include those medically necessary services associated with the administration of a drug.

Despite the provisions of this Section, coverage shall not be required for any experimental or investigational drugs or any drug that the federal Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed. This Section shall apply only to cancer drugs. Nothing in this Section shall be construed, expressly or by implication, to create, impair, alter, limit, notify, enlarge, abrogate or prohibit reimbursement for drugs used in the treatment of any other disease or condition.

(Source: P.A. 87-980; 88-45.)

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