

ICHP Governmental Affairs Bill List

4.16.2021

HB 119

Short Description: PRESCRIPTION DRUG REPOSITORY

House Sponsors:

Rep. Will Guzzardi-Tom Demmer-Jonathan Carroll-Lakesia Collins

House Committee Amendment No. 1

Replaces everything after the enacting clause. Creates the Illinois Drug Reuse Opportunity Program Act. Provides that, notwithstanding any other law or rule, donors may donate drugs to recipients and recipients may receive donated drugs from donors. Provides that recipients shall only dispense or administer drugs to eligible patients, further donate drugs to another recipient, or dispose of drugs in accordance with specified provisions. Provides that drugs donated for use under the Act are considered nonsaleable. Provides that, when dispensing a drug to an eligible patient, the recipient must do so at no cost to the eligible patient, except that a reasonable handling fee may be charged. Provides that recipients may only dispense or administer a prescription drug or provide an over-the-counter drug if specified requirements are met. Provides that recipients shall, to the greatest extent practicable, dispense drugs received under the Act to priority patients. Provides that drugs may be accepted under the Act only if specified requirements are met. Contains requirements for the further donation of drugs by a recipient. Contains provisions regarding the disposition of specified drugs. Provides that nothing in the Act requires that a pharmacy or pharmacist be a recipient of drugs under the Act. Provides that the Act shall supersede any inconsistent law or rule for activities conducted under the Act. Contains other provisions. Amends the Pharmacy Practice Act, the Wholesale Drug Distribution Licensing Act, the Senior Pharmaceutical Assistance Act, the Illinois Food, Drug and Cosmetic Act, the Illinois Controlled Substances Act, and the Cannabis and Controlled Substances Tort Claims Act to provide that persons engaged in donating or accepting, or packaging, repackaging, or labeling, prescription drugs to the extent permitted or required under the Illinois Drug Reuse Opportunity Program Act are exempt from provisions of those other Acts that might prohibit or otherwise regulate such activity.

Last Action:

4/14/2021	House	Placed on Calendar Order of 3rd Reading - Consent Calendar
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HB 135

Short Description: INS CODE-BIRTH CONTROL

House Sponsors:

Rep. Michelle Mussman-Deb Conroy-Natalie A. Manley-Kelly M. Cassidy-Robyn Gabel

Synopsis As Introduced:

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Provides that the Director of Public Health, if a physician licensed to practice medicine in all its branches in Illinois, shall establish a standing order complete with the issuance of a prescription for a hormonal contraceptive in accordance with the requirements of the provisions. Provides that if the Director is not a

physician licensed to practice medicine in all its branches in Illinois, the Medical Director of the Department of Public Health shall establish the standing order. Amends the Illinois Insurance Code. Requires a group or individual policy of accident and health insurance or managed care plan to provide coverage for patient care services provided by a pharmacist. Makes conforming changes in the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code. Amends the Pharmacy Practice Act. Provides that the definition of "practice of pharmacy" includes the dispensing of hormonal contraceptives pursuant to the standing order under provisions of the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Amends the Illinois Public Aid Code. Requires the medical assistance program to cover patient care services provided by a pharmacist for hormonal contraceptives assessment and consultation. Effective January 1, 2022.

Last Action:

4/8/2021	House	Placed on Calendar 2nd Reading - Short Debate
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HB 711

Short Description: PRIOR AUTHORIZATION REFORM ACT

House Sponsors

Rep. Greg Harris-Tom Demmer-William Davis-Anna Moeller-Ryan Spain

Synopsis As Introduced

Creates the Prior Authorization Reform Act. Provides requirements concerning disclosure and review of prior authorization requirements, denial of claims or coverage by a utilization review organization, and the implementation of prior authorization requirements or restrictions. Provides requirements concerning a utilization review organization's obligations with respect to prior authorizations in nonurgent circumstances, urgent health care services, and emergency health care services. Provides that a utilization review organization shall not require prior authorization under specified circumstances. Provides requirements concerning the length of prior authorizations. Provides that health care services are automatically deemed authorized if a utilization review organization fails to comply with the requirements of the Act. Provides that the Director of Insurance may impose an administrative fine not to exceed \$250,000 for violations of the Act. Defines terms. Amends the Illinois Insurance Code to change the definition of "emergency medical condition". Amends the Managed Care Reform and Patient Rights Act to provide that companies that transact accident and health insurance shall comply with specified requirements of the Managed Care Reform and Patient Rights Act. Amends the Illinois Public Aid Code to provide that all managed care organizations shall comply with the requirements of the Prior Authorization Reform Act. Makes other changes. Effective January 1, 2022.

Last Action:

3/17/2021	House	Placed on Calendar 2nd Reading - Short Debate
4/14/2021	House	House Floor Amendment No. 1 Recommends Be Adopted Human Services Committee; 012-000-000

HB 1745

Short Description: INS-PRESCRIPTION DRUG BENEFITS

House Sponsors:

Rep. Greg Harris-Marcus C. Evans, Jr.-Debbie Meyers-Martin

House Committee Amendment No. 1

Replaces everything after the enacting clause. Amends the Managed Care Reform and Patient Rights Act. In provisions concerning individual health plans that provide coverage for prescription drugs, provides that beginning January 1, 2023, health insurance carriers shall ensure that at least 10% of individual health care plans offered in each applicable service area apply a flat-dollar copayment structure to the entire drug benefit; and beginning January 1, 2024, health insurance carriers shall ensure that at least 25% of individual health care plans offered in each applicable service area apply a flat-dollar copayment structure to the entire drug benefit. In provisions concerning group health plans that provide coverage for prescription drugs, provides that beginning January 1, 2023, health insurance carriers shall offer at least one group health plan in each applicable service area that applies a flat-dollar copayment structure to the entire drug benefit; and beginning January 1, 2024, health insurance carriers shall offer at least 2 group health plans in each applicable service area that apply a flat-dollar copayment structure to the entire drug benefit. Provides that the flat-dollar copayment structure for prescription drugs must be applied pre-deductible and be reasonably graduated and proportionately related in all tier levels such that the copayment structure as a whole does not discriminate against or discourage the enrollment of individuals with significant health care needs. Requires the health insurance carriers to clearly and appropriately name the plans to aid in individual or group plan selection. Requires the health insurance carriers to market the plans in the same manner as their other plans. Requires the Department of Insurance to adopt rules necessary to implement and enforce the provisions. Effective January 1, 2023.

Last Action:

4/14/2021	House	Placed on Calendar Order of 3rd Reading - Consent Calendar
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HB 2589

Short Description: SUBSTANCE USE DISORDER-OPIOIDS

House Sponsors

Rep. Deb Conroy and Angelica Guerrero-Cuellar

Synopsis As Introduced

Amends the Substance Use Disorder Act. Provides that a health care professional or other person acting under the direction of a health care professional may store and, without generating or affixing a patient-specific label, dispense an opioid antagonist to a patient in a hospital, hospital affiliate, or ambulatory treatment center if certain patient information is provided to the patient. Makes changes to provisions concerning the grants awarded under the Drug Overdose Prevention Program. Provides that the Department of Human Services shall (rather than may) develop policy or best practice guidelines for identification of at-risk individuals through SBIRT (Screening, Brief Intervention, and Referral to Treatment) and contract or billing requirements for SBIRT. Amends the Medical Assistance Article of the Illinois Public Aid Code. Requires the Department of Healthcare and Family Services to develop and seek federal approval of a SBIRT benefit for which qualified providers shall

be reimbursed under the medical assistance program; and to develop a methodology and bundled reimbursement rate for SBIRT services. Provides that pharmacy fees or hospital fees related to the distribution of opioid antagonists prescribed for the treatment of an opioid overdose shall be covered under the medical assistance program. Amends the Illinois Insurance Code. Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in this State that provides coverage for prescription drugs must provide coverage for all opioid antagonists approved by the U.S. Food and Drug Administration (FDA). Requires health care plans that provide coverage for hospital expenses to also reimburse a hospital for the hospital's cost of any FDA approved opioid antagonist.

Last Action:

4/16/2021	House	Placed on Calendar Order of 3rd Reading - Consent Calendar
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HB 3497 Our Bill

Short Description: REGULATION-TECH

House Sponsors

Rep. Theresa Mah

Synopsis As Introduced

Amends the Pharmacy Practice Act. Makes a technical change in a Section concerning the State Board of Pharmacy.

Last Action:

4/14/2021	House	Placed on Calendar 2nd Reading - Short Debate
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SB 579

Short Description: FACILITY-PROVIDED MEDICATIONS

Senate Sponsors:

Sen. Laura Fine-Ann Gillespie-Julie A. Morrison-David Koehler-Laura M. Murphy, Darren Bailey and Christopher Belt

Synopsis As Introduced:

Amends the University of Illinois Hospital Act, the Ambulatory Surgical Treatment Center Act, the Hospital Licensing Act, and the Pharmacy Practice Act. Requires hospitals and facilities to offer a patient any unused portion of a facility-provided medication upon discharge when it is administered to a patient at the hospital or facility and is required for continuing treatment. Defines "facility-provided medication". Provides that an unused portion of a facility-provided medication required for continuing treatment must be provided to a patient upon discharge when the facility-provided medication is ordered at least 24 hours in advance for surgical procedures. Requires facility-medications to be consistent with labeling requirements under specified provisions of the Pharmacy Practice Act. Provides that if a facility-provided medication is used in an operating room or emergency department setting, the prescriber is responsible for counseling the patient on its proper use and administration and the requirement of pharmacist counseling is waived. Effective July 1, 2021.

Last Action:

4/14/2021	Senate	Placed on Calendar Order of 3rd Reading ** April 15, 2021
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SB 2008**Short Description:** INS-PHARMACY BENEFIT MANAGERS**Senate Sponsors:**

Sen. David Koehler-Linda Holmes-Laura M. Murphy

Synopsis As Introduced:

Amends the Illinois Insurance Code. Provides that if a generic equivalent for a brand name drug is approved by the federal Food and Drug Administration, plans that provide coverage for prescription drugs through the use of a drug formulary that are amended, delivered, issued, or renewed in the State on or after January 1, 2022 shall comply with specified requirements. Provides that the Department of Insurance may adopt rules to implement provisions concerning notice of change of drug formulary. In provisions concerning a contract between a health insurer and a pharmacy benefit manager, provides that a pharmacy benefit manager must update and publish maximum allowable cost pricing information according to specified requirements, must provide a reasonable administrative appeal procedure to allow pharmacies to challenge maximum allowable costs, and must comply with specified requirements if an appeal is denied. Sets forth provisions concerning pharmacy benefit manager contracts; specified requirements that a pharmacy benefit manager shall comply with; specified requirements that an auditing entity shall comply with when conducting a pharmacy audit; and specified requirements concerning pharmacy network access standards. Provides that a violation of specified provisions is an unfair method of competition and unfair and deceptive act or practice in the business of insurance. Sets forth provisions concerning applicability of the Pharmacy Benefit Managers Article of the Illinois Insurance Code, and provisions concerning fiduciary responsibility of a pharmacy benefit manager. Defines terms. Makes other changes. Amends the Illinois Public Aid Code. Sets forth provisions concerning reimbursement of professional dispensing fees and acquisition costs for pharmacy providers.

Last Action:Committee Hearing: Insurance Hearing Apr 21 2021 5:00PM www.ilga.gov Virtual Room 1 Springfield, IL