1 AN ACT concerning public aid.

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

- Section 5. The Illinois Public Aid Code is amended by changing Section 5-16.11 as follows:
- 6 (305 ILCS 5/5-16.11)
- 7 Sec. 5-16.11. Uniform standards applied to managed care
- 8 <u>organizations</u> entities.
- 9 <u>(a) As used in this Section:</u>
- 10 "Drug class" means a set of medications that have similar
- 11 <u>chemical structures, the same mechanism of action (such as</u>
- 12 <u>binding to the same biological target</u>), a related mode of
- action, the same method of delivery (such as one pill per day),
- or that are used to treat the same disease.
- "Clinician" means an individual licensed by the State of
 Illinois to prescribe or dispense drugs.
- 17 (b) Any Medicaid managed care organization entity
- 18 providing services under this Code shall use a pharmacy
- 19 formulary that is no more restrictive by drug class than the
- 20 Illinois Department's <u>preferred drug list</u>. Beginning January
- 21 1, 2019 and continuing through January 1, 2022, the Illinois
- 22 <u>Department shall require each Medicaid managed care</u>
- organization to list as preferred on the Medicaid managed care

organization's preferred drug list at least the same number, 1 2 and no fewer, of drugs per drug class as are listed on the

Illinois Department's preferred drug list. pharmaceutical

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- (c) The Illinois Department shall not prohibit, or adopt any rules or policies that prohibit, a Medicaid managed care organization from: (i) covering additional drugs that are not listed on the Illinois Department's preferred drug list; (ii) submitting all covered drugs listed on the Illinois Department's preferred drug list and additional drugs covered by the Medicaid managed care organization as qualified encounters to be used for appropriate purposes, including, but not limited to, quality scores, risk adjustments, and rate development, as long as the encounter data is submitted with proper formatting criteria; or (iii) removing from the Medicaid managed care organization's preferred drug list any prior approval requirements, step therapy, or other utilization controls applicable under the Illinois Department's preferred drug list.
- (d) The Illinois Department shall not require a Medicaid managed care organization to utilize a single, statewide preferred drug list and shall not prohibit a plan from negotiating drug pricing concessions or rebates on any drug with pharmaceutical companies, unless otherwise required by federal law.
 - (e) No later than January 1, 2019, the Illinois Department

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shall develop a standardized format for all Medicaid managed

care organization preferred drug lists in collaboration with

Medicaid managed care organizations and other stakeholders,

including, but not limited to, organizations that serve

individuals impacted by HIV/AIDS or epilepsy, and

community-based organizations, providers, and entities with

expertise in drug formulary development.

- (f) Following development of the standardized Preferred Drug List format, the Illinois Department shall allow Medicaid managed care organizations 6 months from the date of completion to comply with the new Preferred Drug List format. Each Medicaid managed care organization must post its preferred drug list on its website without restricting access and must update the preferred drug list posted on its website. Medicaid managed care organizations shall publish updates to their preferred drug lists no less than 30 days prior to the date upon which any update or change takes effect, including, but not limited to, any and all changes to requirements for prior approval requirements, step therapy, or other utilization controls.
- (g) (1) No later than January 1, 2019, the Illinois Department shall establish and maintain the Illinois Pharmacy and Therapeutics Advisory Board. The Board shall have the authority and responsibility to provide recommendations to the Illinois Department regarding which drug products to list on the Illinois Department's preferred drug list. The Illinois Department shall provide administrative support to the Board

1	and the Board shall:
2	(A) convene and meet no less than once per calendar
3	<pre>quarter;</pre>
4	(B) provide regular opportunities for public comment;
5	and
6	(C) comply with the provisions of the Open Meetings
7	Act.
8	All correspondence related to the Board, including
9	correspondence to and from Board members, shall be subject to
10	the Freedom of Information Act.
11	(2) The Board shall consist of the following voting
12	members, all of whom shall be appointed by the Governor and
13	shall serve terms of 3 years without compensation:
14	(A) one pharmacist licensed to practice pharmacy in
15	Illinois who is recommended by a statewide organization
16	representing pharmacists;
17	(B) 4 physicians, recommended by a statewide
18	organization representing physicians, who are licensed to
19	practice medicine in all its branches in Illinois, have
20	knowledge of and adhere to best practice standards, and
21	have experience treating Illinois Medicaid beneficiaries;
22	(C) 2 clinicians representing health care advocacy
23	organizations that serve individuals who are affected by
24	chronic diseases that require significant pharmaceutical
25	<pre>treatments;</pre>
26	(D) one clinician representing the Illinois

1	Department;	and

- 2 (E) one licensed psychiatrist, recommended by a
- 3 statewide organization representing psychiatrists, who has
- 4 experience treating Illinois Medicaid beneficiaries.
- 5 One non-voting clinician representing each Medicaid health
- 6 plan operating within the State shall be invited to participate
- 7 <u>and advise the Board on its recommendations to the Illinois</u>
- 8 Department.
- 9 Organizations interested in nominating non-voting
- 10 <u>clinicians to advise the Board may submit requests to</u>
- 11 participate to the Illinois Department.
- 12 (h) The Illinois Department shall adopt rules, to be in
- 13 place no later than January 1, 2019, for the purpose of
- 14 establishing and maintaining the Board.
- 15 (Source: P.A. 92-370, eff. 8-15-01.)
- 16 Section 99. Effective date. This Act takes effect upon
- 17 becoming law.