



Rep. Deb Conroy

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10000HB5769ham001

LRB100 18687 AMC 40762 a

1 AMENDMENT TO HOUSE BILL 5769

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5769 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 adding Section 364.3 as follows:

6 (215 ILCS 5/364.3 new)

7 Sec. 364.3. Insurer uniform electronic prior authorization  
8 form; prescription benefits.

9 (a) As used in this Section, "prescribing provider"  
10 includes a provider authorized to write a prescription, as  
11 described in subsection (e) of Section 3 of the Pharmacy  
12 Practice Act, to treat a medical condition of an insured.

13 (b) Notwithstanding any other provision of law to the  
14 contrary, on and after July 1, 2020, an insurer that provides  
15 prescription drug benefits shall utilize and accept the uniform  
16 electronic prior authorization form developed pursuant to

1 subsection (c) when requiring prior authorization for  
2 prescription drug benefits.

3 (c) On or before July 1, 2019, the Department shall develop  
4 a uniform electronic prior authorization form that shall be  
5 used by commercial insurers. Notwithstanding any other  
6 provision of law to the contrary, on and after July 1, 2020,  
7 every prescribing provider must use the uniform electronic  
8 prior authorization form to request prior authorization for  
9 coverage of prescription drug benefits and every insurer shall  
10 accept the uniform electronic prior authorization form as  
11 sufficient to request prior authorization for prescription  
12 drug benefits.

13 (d) The Department shall develop the uniform electronic  
14 prior authorization form with input from interested parties,  
15 including, but not limited to, 2 psychiatrists recommended by a  
16 State organization that represents psychiatrists appointed by  
17 the President of the Senate, 2 physicians recommended by a  
18 State organization that represents physicians appointed by the  
19 Speaker of the House of Representatives, 2 family physicians  
20 recommended by a State organization that represents family  
21 physicians appointed by the President of the Senate, 2  
22 pediatricians recommended by a State organization that  
23 represents pediatricians appointed by the Speaker of the House  
24 of Representatives, and 2 representatives of the association  
25 that represents commercial insurers appointed by the President  
26 of the Senate, from at least one public meeting.

1       (e) The Department, in development of the uniform  
2 electronic prior authorization form, shall take into  
3 consideration the following:

4           (1) existing prior authorization forms established by  
5 the federal Centers for Medicare and Medicaid Services and  
6 the Department; and

7           (2) national standards pertaining to electronic prior  
8 authorization.

9       (f) If, upon receipt of a completed and accurate electronic  
10 prior authorization request from a prescribing provider  
11 pursuant to the submission of a uniform electronic prior  
12 authorization form, an insurer fails to use or accept the  
13 uniform electronic prior authorization form or fails to respond  
14 within 24 hours (if the patient has urgent medication needs) or  
15 within 72 hours (if the patient has regular medication needs),  
16 then the prior authorization request shall be deemed to have  
17 been granted.

18       Section 10. The Illinois Public Aid Code is amended by  
19 adding Section 5-5.12b as follows:

20           (305 ILCS 5/5-5.12b new)

21       Sec. 5-5.12b. Managed care organization uniform electronic  
22 prior authorization form; prescription benefits.

23       (a) As used in this Section, "prescribing provider"  
24 includes a provider authorized to write a prescription, as

1 described in subsection (e) of Section 3 of the Pharmacy  
2 Practice Act, to treat a medical condition of an insured.

3 (b) Notwithstanding any other provision of law to the  
4 contrary, on and after July 1, 2020, a managed care  
5 organization that provides prescription drug benefits shall  
6 utilize and accept the uniform electronic prior authorization  
7 form developed pursuant to subsection (c) when requiring prior  
8 authorization for prescription drug benefits.

9 (c) On or before July 1, 2019, the Department of Healthcare  
10 and Family Services shall develop a uniform electronic prior  
11 authorization form that shall be used by managed care  
12 organizations. Notwithstanding any other provision of law to  
13 the contrary, on and after July 1, 2020, every prescribing  
14 provider must use the uniform electronic prior authorization  
15 form to request prior authorization for coverage of  
16 prescription drug benefits, and every managed care  
17 organization shall accept the uniform electronic prior  
18 authorization form as sufficient to request prior  
19 authorization for prescription drug benefits.

20 (d) The Department of Healthcare and Family Services shall  
21 develop the uniform electronic prior authorization form with  
22 input from interested parties, including, but not limited to, 2  
23 psychiatrists recommended by a State organization that  
24 represents psychiatrists appointed by the President of the  
25 Senate, 2 physicians recommended by a State organization that  
26 represents physicians appointed by the Speaker of the House of

1 Representatives, 2 family physicians recommended by a State  
2 organization that represents family physicians appointed by  
3 the President of the Senate, 2 pediatricians recommended by a  
4 State organization that represents pediatricians appointed by  
5 the Speaker of the House of Representatives, and 2  
6 representatives of the association that represents managed  
7 care organizations appointed by the President of the Senate,  
8 from at least one public meeting.

9 (e) The Department of Healthcare and Family Services, in  
10 development of the uniform electronic prior authorization  
11 form, shall take into consideration the following:

12 (1) existing prior authorization forms established by  
13 the federal Centers for Medicare and Medicaid Services and  
14 the Department of Healthcare and Family Services; and

15 (2) national standards pertaining to electronic prior  
16 authorization.

17 (f) If, upon receipt of a completed and accurate electronic  
18 prior authorization request from a prescribing provider  
19 pursuant to the submission of a uniform electronic prior  
20 authorization form, a managed care organization fails to use or  
21 accept the uniform electronic prior authorization form or fails  
22 to respond within 24 hours, then the prior authorization  
23 request shall be deemed to have been granted."