

HB3403



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3403

Introduced 2/22/2021, by Rep. Suzanne Ness

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.41
305 ILCS 5/5-16.8

Amends the Illinois Insurance Code to provide that an insurer that provides coverage for prescription insulin drugs pursuant to the terms of a health coverage plan the insurer offers shall limit the total amount that an insured is required to pay for a 30-day supply of covered prescription insulin drugs at an amount not to exceed \$30 (rather than \$100). Makes a conforming change in the Illinois Public Aid Code. Effective immediately.

LRB102 15224 BMS 20579 b

FISCAL NOTE ACT
MAY APPLY

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 Illinois Insurance Code is amended by
5 changing Section 356z.41 as follows:

6 (215 ILCS 5/356z.41)

7 Sec. 356z.41. Cost sharing in prescription insulin drugs;
8 limits; confidentiality of rebate information.

9 (a) As used in this Section, "prescription insulin drug"
10 means a prescription drug that contains insulin and is used to
11 control blood glucose levels to treat diabetes but does not
12 include an insulin drug that is administered to a patient
13 intravenously.

14 (b) This Section applies to a group or individual policy
15 of accident and health insurance amended, delivered, issued,
16 or renewed on or after the effective date of this amendatory
17 Act of the 102nd General Assembly ~~this amendatory Act of the~~
18 ~~101st General Assembly~~.

19 (c) An insurer that provides coverage for prescription
20 insulin drugs pursuant to the terms of a health coverage plan
21 the insurer offers shall limit the total amount that an
22 insured is required to pay for a 30-day supply of covered
23 prescription insulin drugs at an amount not to exceed \$30

1 ~~\$100~~, regardless of the quantity or type of covered
2 prescription insulin drug used to fill the insured's
3 prescription.

4 (d) Nothing in this Section prevents an insurer from
5 reducing an insured's cost sharing by an amount greater than
6 the amount specified in subsection (c).

7 (e) The Director may use any of the Director's enforcement
8 powers to obtain an insurer's compliance with this Section.

9 (f) The Department may adopt rules as necessary to
10 implement and administer this Section and to align it with
11 federal requirements.

12 (g) On January 1 of each year, the limit on the amount that
13 an insured is required to pay for a 30-day supply of a covered
14 prescription insulin drug shall increase by a percentage equal
15 to the percentage change from the preceding year in the
16 medical care component of the Consumer Price Index of the
17 Bureau of Labor Statistics of the United States Department of
18 Labor.

19 (Source: P.A. 101-625, eff. 1-1-21.)

20 Section 10. The Illinois Public Aid Code is amended by
21 changing Section 5-16.8 as follows:

22 (305 ILCS 5/5-16.8)

23 Sec. 5-16.8. Required health benefits. The medical
24 assistance program shall (i) provide the post-mastectomy care

1 benefits required to be covered by a policy of accident and
2 health insurance under Section 356t and the coverage required
3 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.26,
4 356z.29, 356z.32, 356z.33, 356z.34, and 356z.35 of the
5 Illinois Insurance Code and (ii) be subject to the provisions
6 of Sections 356z.19, 356z.41, 364.01, 370c, and 370c.1 of the
7 Illinois Insurance Code.

8 The Department, by rule, shall adopt a model similar to
9 the requirements of Section 356z.39 of the Illinois Insurance
10 Code.

11 On and after July 1, 2012, the Department shall reduce any
12 rate of reimbursement for services or other payments or alter
13 any methodologies authorized by this Code to reduce any rate
14 of reimbursement for services or other payments in accordance
15 with Section 5-5e.

16 To ensure full access to the benefits set forth in this
17 Section, on and after January 1, 2016, the Department shall
18 ensure that provider and hospital reimbursement for
19 post-mastectomy care benefits required under this Section are
20 no lower than the Medicare reimbursement rate.

21 (Source: P.A. 100-138, eff. 8-18-17; 100-863, eff. 8-14-18;
22 100-1057, eff. 1-1-19; 100-1102, eff. 1-1-19; 101-81, eff.
23 7-12-19; 101-218, eff. 1-1-20; 101-281, eff. 1-1-20; 101-371,
24 eff. 1-1-20; 101-574, eff. 1-1-20; 101-649, eff. 7-7-20.)

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