



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

SB3732

Introduced 2/9/2024, by Sen. Cristina Castro

#### SYNOPSIS AS INTRODUCED:

215 ILCS 200/10  
215 ILCS 200/50  
215 ILCS 200/65

Amends the Prior Authorization Reform Act. Provides that the Act applies to the program of group health benefits under the State Employees Group Insurance Act of 1971. Provides that a health insurance issuer shall not require prior authorization: where a medication is prescribed for a chronic condition, long-term condition, or mental health condition, has been prescribed for 6 months or more, or is a treatment for the clinical indication as supported by peer-reviewed medical publications; or for patients currently managed with an established treatment regimen. Removes language requiring a health insurance issuer to periodically review its prior authorization requirements and consider removal of prior authorization requirements under certain circumstances. Makes a conforming change. Effective July 1, 2024.

LRB103 37491 RPS 67614 b

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 Prior Authorization Reform Act is amended  
5 by changing Sections 10, 50, and 65 as follows:

6 (215 ILCS 200/10)

7 Sec. 10. Applicability; scope. This Act applies to health  
8 insurance coverage as defined in the Illinois Health Insurance  
9 Portability and Accountability Act, the program of group  
10 health benefits under the State Employees Group Insurance Act  
11 of 1971, and policies issued or delivered in this State to the  
12 Department of Healthcare and Family Services and providing  
13 coverage to persons who are enrolled under Article V of the  
14 Illinois Public Aid Code or under the Children's Health  
15 Insurance Program Act, amended, delivered, issued, or renewed  
16 on or after the effective date of this Act, with the exception  
17 of employee or employer self-insured health benefit plans  
18 under the federal Employee Retirement Income Security Act of  
19 1974, health care provided pursuant to the Workers'  
20 Compensation Act or the Workers' Occupational Diseases Act,  
21 and State, employee, unit of local government, or school  
22 district health plans. This Act does not diminish a health  
23 care plan's duties and responsibilities under other federal or

1 State law or rules promulgated thereunder. This Act is not  
2 intended to alter or impede the provisions of any consent  
3 decree or judicial order to which the State or any of its  
4 agencies is a party.

5 (Source: P.A. 102-409, eff. 1-1-22.)

6 (215 ILCS 200/50)

7 Sec. 50. Limitations on Review of prior authorization  
8 requirements. A health insurance issuer shall not require  
9 ~~periodically review its prior authorization requirements and~~  
10 ~~consider removal of prior authorization requirements:~~

11 (1) where a medication is ~~or procedure~~ prescribed for  
12 a chronic condition, long-term condition, or mental health  
13 condition; has been prescribed for 6 months or more; ~~is~~  
14 ~~customary and properly indicated~~ or is a treatment for the  
15 clinical indication as supported by peer-reviewed medical  
16 publications; or

17 (2) for patients currently managed with an established  
18 treatment regimen.

19 (Source: P.A. 102-409, eff. 1-1-22.)

20 (215 ILCS 200/65)

21 Sec. 65. Length of prior authorization approval for  
22 treatment for chronic or long-term conditions. If a health  
23 insurance issuer requires a prior authorization for a  
24 recurring health care service ~~or maintenance medication~~ for

1 the treatment of a chronic or long-term condition, the  
2 approval shall remain valid for the lesser of 12 months from  
3 the date the health care professional or health care provider  
4 receives the prior authorization approval or the length of the  
5 treatment as determined by the patient's health care  
6 professional. This Section shall not apply to the prescription  
7 of benzodiazepines or Schedule II narcotic drugs, such as  
8 opioids. Except to the extent required by medical exceptions  
9 processes for prescription drugs set forth in Section 45.1 of  
10 the Managed Care Reform and Patient Rights Act, nothing in  
11 this Section shall require a policy to cover any care,  
12 treatment, or services for any health condition that the terms  
13 of coverage otherwise completely exclude from the policy's  
14 covered benefits without regard for whether the care,  
15 treatment, or services are medically necessary.

16 (Source: P.A. 102-409, eff. 1-1-22.)

17 Section 99. Effective date. This Act takes effect July 1,  
18 2024.