

1                                    AMENDMENT TO HOUSE BILL 107

2                    AMENDMENT NO. \_\_\_\_\_. Amend House Bill 107, AS AMENDED, by  
3 replacing the title with the following:

4                    "AN ACT relating to managed care."; and

5 by replacing everything after the enacting clause with the  
6 following:

7                    "Section 5. The Managed Care Reform and Patient Rights  
8 Act is amended by changing Section 72 as follows:

9                    (215 ILCS 134/72)

10                    Sec. 72. Pharmacy providers.

11                    (a) Before entering into an agreement with pharmacy  
12 providers, a health care plan must establish terms and  
13 conditions that must be met by pharmacy providers desiring to  
14 contract with the health care plan. The terms and conditions  
15 shall not discriminate against a pharmacy provider. A health  
16 care plan may not refuse to contract with a pharmacy provider  
17 that meets the terms and conditions established by the health  
18 care plan. If a pharmacy provider rejects the terms and  
19 conditions established, the health care plan may offer other  
20 terms and conditions necessary to comply with network  
21 adequacy requirements. The provisions of this subsection are

1 subject to the limitations provided in subsection (a-5).

2 (a-5) Subsection (a) of this Section shall not apply  
3 with respect to pharmacy providers located in Champaign or  
4 Piatt county if the health care plan is wholly owned by a  
5 physician's group organized under the Professional Service  
6 Corporation Act and the principal business office of the  
7 physician's group is located in a municipality with a  
8 population of less than 50,000 inhabitants and is within 5  
9 miles of the principal business office of the health care  
10 plan.

11 This subsection (a-5) is inoperative after December 31,  
12 2007.

13 (b) A health care plan shall apply the same  
14 co-insurance, copayment, and deductible factors to all drug  
15 prescriptions filled by a pharmacy provider that participates  
16 in the health care plan's network. Nothing in this  
17 subsection, however, prohibits a health care plan from  
18 applying different co-insurance, copayment, and deductible  
19 factors between brand name drugs and generic drugs when a  
20 generic equivalent exists for the brand name drug.

21 (c) A health care plan may not set a limit on the  
22 quantity of drugs that an enrollee may obtain at one time  
23 with a prescription unless the limit is applied uniformly to  
24 all pharmacy providers in the health care plan's network.

25 (Source: P.A. 91-617, eff. 1-1-00.)

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