

1 AN ACT relating to managed care.

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

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

6 (215 ILCS 134/72)

7 Sec. 72. Pharmacy providers.

8 (a) Before entering into an agreement with pharmacy
9 providers, a health care plan must establish terms and
10 conditions that must be met by pharmacy providers desiring to
11 contract with the health care plan. The terms and conditions
12 shall not discriminate against a pharmacy provider. A health
13 care plan may not refuse to contract with a pharmacy provider
14 that meets the terms and conditions established by the health
15 care plan. If a pharmacy provider rejects the terms and
16 conditions established, the health care plan may offer other
17 terms and conditions necessary to comply with network
18 adequacy requirements. This subsection shall not apply if
19 the health care plan is wholly owned by a physicians' group
20 organized under the Professional Service Corporation Act.

21 (b) A health care plan shall apply the same
22 co-insurance, copayment, and deductible factors to all drug
23 prescriptions filled by a pharmacy provider that participates
24 in the health care plan's network. Nothing in this
25 subsection, however, prohibits a health care plan from
26 applying different co-insurance, copayment, and deductible
27 factors between brand name drugs and generic drugs when a
28 generic equivalent exists for the brand name drug.

29 (c) A health care plan may not set a limit on the
30 quantity of drugs that an enrollee may obtain at one time
31 with a prescription unless the limit is applied uniformly to

- 1 all pharmacy providers in the health care plan's network.
- 2 (Source: P.A. 91-617, eff. 1-1-00.)