HB0727

LRB095 08322 DRJ 28494 b

95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

HB0727

Introduced 2/7/2007, by Rep. Arthur L. Turner

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5.12 from Ch. 23, par. 5-5.12

Amends the Illinois Public Aid Code. Provides that under the medical assistance program, an immunosuppressive drug shall not require prior authorization, step therapy, generic substitution, or quantity limits without express written or oral notification and the documented consent of the practitioner and the patient. Defines "immunosuppressive drug" as a drug that is issued in immunosuppressive therapy to inhibit or prevent activity of the immune system and is used to prevent the rejection of transplanted organs and tissues. Provides that immunosuppressive drugs do not include drugs for the treatment of autoimmune diseases or diseases that are most likely of autoimmune origin. Effective immediately.

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FISCAL NOTE ACT
MAY APPLY

A BILL FOR

AN ACT concerning public aid.

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

Section 5. The Illinois Public Aid Code is amended by changing Section 5-5.12 as follows:

(305 ILCS 5/5-5.12) (from Ch. 23, par. 5-5.12)

Sec. 5-5.12. Pharmacy payments.

(a) Every request submitted by a pharmacy for reimbursement under this Article for prescription drugs provided to a recipient of aid under this Article shall include the name of the prescriber or an acceptable identification number as established by the Department.

(b) Pharmacies providing prescription drugs under this Article shall be reimbursed at a rate which shall include a professional dispensing fee as determined by the Illinois Department, plus the current acquisition cost of the prescription drug dispensed. The Illinois Department shall update its information on the acquisition costs of all prescription drugs no less frequently than every 30 days. However, the Illinois Department may set the rate of reimbursement for the acquisition cost, by rule, at a percentage of the current average wholesale acquisition cost.

(c) (Blank).

(d) The Department shall not impose requirements for prior approval based on a preferred drug list for anti-retroviral, anti-hemophilic factor concentrates, or any atypical antipsychotics, conventional antipsychotics, or anticonvulsants used for the treatment of serious mental illnesses until 30 days after it has conducted a study of the impact of such requirements on patient care and submitted a report to the Speaker of the House of Representatives and the President of the Senate.

(e) The General Assembly finds as follows:

(1) Organ transplant patients require significant physician oversight and interaction.

(2) The Centers for Medicare and Medicaid Services has indicated that immunosuppressive products be protected from prior authorization, step therapy, product substitution, quantity limits, or other managed care practices as one of 6 protected classes of products under the Medicare Part D program.

(3) This same protection should be afforded to immunosuppressive products under the State Medicaid program. Differences in products could result in adverse effects, including death, and physicians should be the decision-makers when choices regarding immunosuppressive products are concerned.

Based on these findings, an immunosuppressive drug shall not require prior authorization, step therapy, generic

substitution, or quantity limits without express written or oral notification and the documented consent of the practitioner and the patient. For purposes of this subsection, "immunosuppressive drug" means a drug that is issued in immunosuppressive therapy to inhibit or prevent activity of the immune system and is used to prevent the rejection of transplanted organs and tissues. Immunosuppressive drugs do not include drugs for the treatment of autoimmune diseases or diseases that are most likely of autoimmune origin.

(Source: P.A. 93-106, eff. 7-8-03; 94-48, eff. 7-1-05.)

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