



Sen. Michael W. Frerichs

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LRB096 02980 RPM 26685 a

1 AMENDMENT TO HOUSE BILL 152

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 152 by replacing  
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Organ  
5 Transplant Medication Notification Act.

6 Section 5. Applicability. This Act shall apply solely to  
7 cases of immunosuppressive therapy when (i) an  
8 immunosuppressant drug has been prescribed to a patient to  
9 prevent the rejection of transplanted organs and tissues and  
10 (ii) as set forth in Section 15 of this Act, a prescribing  
11 physician has indicated on a prescription "may not substitute".  
12 This Act does not apply to medication orders issued for  
13 immunosuppressant drugs for any in-patient care in a licensed  
14 hospital.

15 Section 10. Definitions. For the purpose of this Act:

1 "Health insurance policy or health care service plan" means  
2 any policy of health or accident insurance subject to the  
3 provisions of the Illinois Insurance Code, Health Maintenance  
4 Organization Act, Voluntary Health Services Plan Act, Counties  
5 Code, Municipal Code, School Code, and State Employees Group  
6 Insurance Act.

7 "Immunosuppressant drugs" mean drugs that are used in  
8 immunosuppressive therapy to inhibit or prevent the activity of  
9 the immune system. "Immunosuppressant drugs" are used  
10 clinically to prevent the rejection of transplanted organs and  
11 tissues. "Immunosuppressant drugs" do not include drugs for the  
12 treatment of autoimmune diseases or diseases that are most  
13 likely of autoimmune origin.

14 Section 15. Quality assurance in patient care. In  
15 accordance with the Pharmacy Practice Act, when a prescribing  
16 physician has indicated on a prescription "may not substitute",  
17 a health insurance policy or health care service plan that  
18 covers immunosuppressant drugs may not require or cause a  
19 pharmacist to interchange another immunosuppressant drug or  
20 formulation issued on behalf of a person to inhibit or prevent  
21 the activity of the immune system of a patient to prevent the  
22 rejection of transplanted organs and tissues without  
23 notification and the documented consent of the prescribing  
24 physician and the patient, or the parent or guardian if the  
25 patient is a child, or the spouse of a patient who is

1 authorized to consent to the treatment of the person.

2 Except as provided by subsections (a), (b), and (c) of  
3 Section 20 of this Act, patient co-payments, deductibles, or  
4 other charges for the prescribed drug for which another  
5 immunosuppressant drug or formulation is not interchanged  
6 shall remain the same for the enrollment period established by  
7 the health insurance policy or plan.

8 Section 20. Provision of notice; formulary changes.

9 (a) At least 60 days prior to making any formulary change  
10 that alters the terms of coverage for a patient receiving  
11 immunosuppressant drugs or discontinues coverage for a  
12 prescribed immunosuppressant drug that a patient is receiving,  
13 a policy or plan sponsor must, to the extent possible, notify  
14 the prescribing physician and the patient, or the parent or  
15 guardian if the patient is a child, or the spouse of a patient  
16 who is authorized to consent to the treatment of the patient.  
17 The notification shall be in writing and shall disclose the  
18 formulary change, indicate that the prescribing physician may  
19 initiate an appeal, and include information regarding the  
20 procedure for the prescribing physician to initiate the policy  
21 or plan sponsor's appeal process.

22 (b) As an alternative to providing written notice, a policy  
23 or plan sponsor may provide the notice electronically if, and  
24 only if, the patient affirmatively elects to receive such  
25 notice electronically. The notification shall disclose the

1 formulary change, indicate that the prescribing physician may  
2 initiate an appeal, and include information regarding the  
3 procedure for the prescribing physician to initiate the policy  
4 or plan sponsor's appeal process.

5 (c) At the time a patient requests a refill of the  
6 immunosuppressant drug, a policy or plan sponsor may provide  
7 the patient with the written notification required under  
8 subsection (a) of this Section along with a 60-day supply of  
9 the immunosuppressant drug under the same terms as previously  
10 allowed.

11 (d) Nothing in this Section shall prohibit insurers or  
12 pharmacy benefit managers from using managed pharmacy care  
13 tools, including, but not limited to, formulary tiers, generic  
14 substitution, therapeutic interchange, prior authorization, or  
15 step therapy, so long as an exception process is in place  
16 allowing the prescriber to petition for coverage of a  
17 non-preferred drug if sufficient clinical reasons justify an  
18 exception to the normal protocol.".