



Sen. M. Maggie Crotty

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LRB097 06382 RPM 51799 a

1 AMENDMENT TO SENATE BILL 112

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 112 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 adding Section 356z.19 as follows:

6 (215 ILCS 5/356z.19 new)

7 Sec. 356z.19. Phototherapy treatment for psoriasis.

8 (a) The General Assembly finds as follows:

9 (1) Psoriasis is a non-contagious, chronic,  
10 inflammatory, painful, and often disfiguring and disabling  
11 autoimmune disease for which there is no cure.  
12 Approximately 333,000 Illinois residents are affected by  
13 psoriasis, the most prevalent autoimmune disease in this  
14 country. It is a systemic disease that is connected with an  
15 elevated risk for a range of other serious, chronic, and  
16 life-threatening comorbid conditions, including

1 cardiovascular disease, diabetes, hypertension, and  
2 stroke. Up to 30% of people with psoriasis also develop  
3 potentially disabling psoriatic arthritis.

4 (2) Psoriasis is a lifelong chronic disease and  
5 requires timely and appropriate medical care. Lack of  
6 appropriate treatment for psoriasis can result in serious  
7 adverse impacts to functioning, including loss of  
8 mobility, pain, isolation, and depression and may  
9 contribute to comorbid conditions.

10 (3) Phototherapy (ultraviolet light therapy) is a  
11 safe, effective, and commonly prescribed first-line  
12 treatment for psoriasis. Phototherapy is treatment  
13 exposing the skin to an artificial ultraviolet light source  
14 for a set length of time on a regular schedule.

15 (4) Phototherapy is a critical treatment option for  
16 patients who are prevented from taking other medications  
17 because of conditions such as pregnancy, infection, or  
18 malignancy. It is also an important treatment used in  
19 combination with other medications.

20 (5) A typical start-up regimen for phototherapy is 3  
21 treatment visits per week, for 8 to 12 weeks. Long-term  
22 maintenance regimens are usually required. Surveys of  
23 psoriasis patients indicate approximately 18 % use  
24 phototherapy to treat their psoriasis, or about 60,000  
25 people in this State.

26 (6) Other prescribed treatments for psoriasis, such as

1 systemic or biologic medications, while important options  
2 for some patients can have serious side effects, including  
3 death, liver toxicity, kidney failure, cancer, birth  
4 defects, and infections such as tuberculosis.

5 (7) Phototherapy is a relatively inexpensive  
6 treatment, compared to other treatment options for  
7 psoriasis such as systemic or biologic medications. The  
8 annual cost to the health care system for phototherapy is  
9 approximately one-seventh the cost of some other treatment  
10 options.

11 (8) Despite its relatively economical cost, very  
12 substantial copayments for phototherapy are a barrier to  
13 accessing care for patients who need this safe and  
14 effective option to treat their disease and live a normal  
15 life. As a result, patients either opt out of treatment  
16 entirely or prematurely move to more expensive and  
17 sometimes riskier therapies.

18 (9) While a physician may likely prescribe a course of  
19 treatment for phototherapy lasting many months, the  
20 patient is charged a copayment for each individual  
21 phototherapy treatment throughout the course of the  
22 treatment.

23 (10) Prescriptions for other treatments can have much  
24 lower out-of-pocket costs under pharmaceutical  
25 prescription plans than phototherapy, which is billed as an  
26 office procedure, creating financial difficulty for

1 patients for whom phototherapy might otherwise be the  
2 preferred treatment option. Generally, prescriptions for  
3 medications carry one fixed monthly copayment, whereas  
4 phototherapy may require 12 or more copayments in one  
5 month.

6 (11) The General Assembly recognizes the importance of  
7 requiring, where shown to be medically necessary, rational  
8 and economical insurance coverage that encourages and  
9 incentivizes healthy, preventive, and cost-effective  
10 decision making by both physicians and patients.

11 (b) With regard to an insured who is prescribed  
12 phototherapy treatment for psoriasis from a physician, a  
13 physician may determine whether, in the physician's opinion,  
14 the failure of a patient to undergo the prescribed course of  
15 phototherapy treatment would increase the likelihood that the  
16 patient will need to be shifted to a more costly course of  
17 treatment. Insurance plans may seek physician certification  
18 that the factor described in this subsection (b) exists.

19 (c) In those cases where the physician has made the  
20 determination described in subsection (b) of this Section, no  
21 group or individual health insurer shall (i) charge a copayment  
22 for a prescribed course of phototherapy treatment that exceeds  
23 50% of the first phototherapy treatment or (ii) charge  
24 copayments for additional phototherapy treatments performed  
25 under the same course of treatment."