



Sen. Dan Kotowski

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09800SB2585sam001

LRB098 12068 RPM 57755 a

1 AMENDMENT TO SENATE BILL 2585

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 2585 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by  
5 adding Section 364.3 as follows:

6 (215 ILCS 5/364.3 new)

7 Sec. 364.3. Uniform prior authorization form; prescription  
8 benefits.

9 (a) Notwithstanding any other provision of law, on and  
10 after January 1, 2016, a health insurer that provides  
11 prescription drug benefits shall utilize and accept the prior  
12 authorization form developed pursuant to subsection (c) when  
13 requiring prior authorization for prescription drug benefits.  
14 This Section does not apply to plans for beneficiaries of  
15 Medicare or Medicaid.

16 (b) If a health insurer fails to utilize or accept the

1 prior authorization form, fails to respond within 3 business  
2 days after receipt of a completed prior authorization request  
3 from a prescribing provider or pharmacist (this timeframe  
4 follows the requirements set forth in Section 30 of Chapter 18  
5 of the Medicare Part D Benefit Manual), or fails to respond  
6 within 24 hours in the case of an emergency, pursuant to the  
7 submission of the prior authorization form developed as  
8 described in subsection (c), then the prior authorization  
9 request shall be deemed to have been granted and shall be paid  
10 for by the health insurer at the health insurer's indicated  
11 tier.

12 (c) On or before July 1, 2015, the Department shall develop  
13 a uniform prior authorization form. Notwithstanding any other  
14 provision of law, on and after January 1, 2016, if the  
15 threshold of a majority of prior authorization requests  
16 submitted are not submitted electronically (as determined by  
17 rule by the Department), then every prescribing provider and  
18 pharmacist may use that uniform prior authorization form to  
19 request prior authorization for coverage of prescription drug  
20 benefits and every health insurer shall accept that form as  
21 sufficient to request prior authorization for prescription  
22 drug benefits.

23 (d) The prior authorization form developed pursuant to  
24 subsection (c) shall meet the following criteria:

25 (1) The form shall not exceed 2 pages.

26 (2) The form shall be made electronically available by

1 the Department and the health insurer.

2 (3) The completed form may also be electronically  
3 submitted from the prescribing provider or pharmacist to  
4 the health insurer.

5 (4) The Department shall develop the form with input  
6 from interested parties from at least one public meeting.

7 (5) The Department, in development of the standardized  
8 form, shall take into consideration the following:

9 (A) Existing prior authorization forms established  
10 by the federal Centers for Medicare and Medicaid  
11 Services and the Department of Healthcare and Family  
12 Services.

13 (B) National standards pertaining to electronic  
14 prior authorization.

15 (e) For the purposes of this Section:

16 "Pharmacist" has the same meaning as set forth in the  
17 Pharmacy Practice Act.

18 "Prescribing provider" includes a provider authorized to  
19 write a prescription, as described in subsection (e) of Section  
20 3 of the Pharmacy Practice Act, to treat a medical condition of  
21 an insured.

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