



Rep. Elaine Nekritz

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09900HB5576ham001

LRB099 20488 RPS 47464 a

1 AMENDMENT TO HOUSE BILL 5576

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5576 by replacing  
3 everything after the enacting clause with the following:

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

6 (215 ILCS 5/356z.4)

7 Sec. 356z.4. Coverage for contraceptives.

8 (a) (1) The General Assembly hereby finds and declares all  
9 of the following:

10 (A) Illinois has a long history of expanding timely  
11 access to birth control to prevent unintended pregnancy.

12 (B) The federal Patient Protection and Affordable Care  
13 Act includes a contraceptive coverage guarantee as part of  
14 a broader requirement for health insurance to cover key  
15 preventive care services without out-of-pocket costs for  
16 patients.

1           (C) The General Assembly intends to build on existing  
2           State and federal law to promote gender equity and women's  
3           health and to ensure greater contraceptive coverage equity  
4           and timely access to all federal Food and Drug  
5           Administration approved methods of birth control for all  
6           individuals covered by an individual or group health  
7           insurance policy in Illinois.

8           (D) Medical management techniques such as denials,  
9           step therapy, or prior authorization in public and private  
10           health care coverage can impede access to the most  
11           effective contraceptive methods.

12           (2) As used in this subsection (a):

13           "Contraceptive services" includes consultations,  
14           examinations, procedures, and medical services related to the  
15           use of contraceptive methods (including natural family  
16           planning) to prevent an unintended pregnancy.

17           "Medical necessity", for the purposes of this subsection  
18           (a), includes, but is not limited to, considerations such as  
19           severity of side effects, differences in permanence and  
20           reversibility of contraceptive, and ability to adhere to the  
21           appropriate use of the item or service, as determined by the  
22           attending provider.

23           "Therapeutic equivalent version" means drugs, devices, or  
24           products that can be expected to have the same clinical effect  
25           and safety profile when administered to patients under the  
26           conditions specified in the labeling and satisfy the following

1 general criteria:

2 (i) they are approved as safe and effective;

3 (ii) they are pharmaceutical equivalents in that they

4 (A) contain identical amounts of the same active drug

5 ingredient in the same dosage form and route of

6 administration and (B) meet compendial or other applicable

7 standards of strength, quality, purity, and identity;

8 (iii) they are bioequivalent in that (A) they do not

9 present a known or potential bioequivalence problem and

10 they meet an acceptable in vitro standard or (B) if they do

11 present such a known or potential problem, they are shown

12 to meet an appropriate bioequivalence standard;

13 (iv) they are adequately labeled; and

14 (v) they are manufactured in compliance with Current

15 Good Manufacturing Practice regulations.

16 (3) An individual or group policy of accident and health

17 insurance amended, delivered, issued, or renewed in this State

18 after the effective date of this amendatory Act of the 99th

19 General Assembly shall provide coverage for all of the

20 following services and contraceptive methods:

21 (A) All contraceptive drugs, devices, and other

22 products approved by the United States Food and Drug

23 Administration. This includes all over-the-counter

24 contraceptive drugs, devices, and products approved by the

25 United States Food and Drug Administration, excluding male

26 condoms. The following apply:

1           (i) If the United States Food and Drug  
2           Administration has approved one or more therapeutic  
3           equivalent versions of a contraceptive drug, device,  
4           or product, a policy is not required to include all  
5           such therapeutic equivalent versions in its formulary,  
6           so long as at least one is included and covered without  
7           cost-sharing and in accordance with this Section.

8           (ii) If an individual's attending provider  
9           recommends a particular service or item approved by the  
10           United States Food and Drug Administration based on a  
11           determination of medical necessity with respect to  
12           that individual, the plan or issuer must cover that  
13           service or item without cost sharing. The plan or  
14           issuer must defer to the determination of the attending  
15           provider.

16           (iii) If a drug, device, or product is not covered,  
17           plans and issuers must have an easily accessible,  
18           transparent, and sufficiently expedient process that  
19           is not unduly burdensome on the individual or a  
20           provider or other individual acting as a patient's  
21           authorized representative to ensure coverage without  
22           cost sharing.

23           (iv) This coverage must provide for the dispensing  
24           of 12 months' worth of contraception at one time.

25           (B) Voluntary sterilization procedures.

26           (C) Contraceptive services, patient education, and

1       counseling on contraception.

2           (D) Follow-up services related to the drugs, devices,  
3       products, and procedures covered under this Section,  
4       including, but not limited to, management of side effects,  
5       counseling for continued adherence, and device insertion  
6       and removal.

7       (4) Except as otherwise provided in this subsection (a), a  
8       policy subject to this subsection (a) shall not impose a  
9       deductible, coinsurance, copayment, or any other cost-sharing  
10       requirement on the coverage provided.

11       (5) Except as otherwise authorized under this subsection  
12       (a), a policy shall not impose any restrictions or delays on  
13       the coverage required under this subsection (a).

14       (6) If, at any time, the Secretary of the United States  
15       Department of Health and Human Services, or its successor  
16       agency, promulgates rules or regulations to be published in the  
17       Federal Register or publishes a comment in the Federal Register  
18       or issues an opinion, guidance, or other action that would  
19       require the State, pursuant to any provision of the Patient  
20       Protection and Affordable Care Act (Public Law 111-148),  
21       including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any  
22       successor provision, to defray the cost of any coverage  
23       outlined in this subsection (a), then this subsection (a) is  
24       inoperative with respect to all coverage outlined in this  
25       subsection (a) other than that authorized under Section 1902 of  
26       the Social Security Act, 42 U.S.C. 1396a, and the State shall

1 not assume any obligation for the cost of the coverage set  
2 forth in this subsection (a).

3 (b) This subsection (b) shall become operative if and only  
4 if subsection (a) becomes inoperative.

5 ~~(a)~~ An individual or group policy of accident and health  
6 insurance amended, delivered, issued, or renewed in this State  
7 after the date this subsection (b) becomes operative ~~effective~~  
8 ~~date of this amendatory Act of the 93rd General Assembly~~ that  
9 provides coverage for outpatient services and outpatient  
10 prescription drugs or devices must provide coverage for the  
11 insured and any dependent of the insured covered by the policy  
12 for all outpatient contraceptive services and all outpatient  
13 contraceptive drugs and devices approved by the Food and Drug  
14 Administration. Coverage required under this Section may not  
15 impose any deductible, coinsurance, waiting period, or other  
16 cost-sharing or limitation that is greater than that required  
17 for any outpatient service or outpatient prescription drug or  
18 device otherwise covered by the policy.

19 Nothing in this subsection (b) shall be construed to  
20 require an insurance company to cover services related to  
21 permanent sterilization that requires a surgical procedure.

22 ~~(b)~~ As used in this subsection (b) ~~Section~~, "outpatient  
23 contraceptive service" means consultations, examinations,  
24 procedures, and medical services, provided on an outpatient  
25 basis and related to the use of contraceptive methods  
26 (including natural family planning) to prevent an unintended

1 pregnancy.

2 (c) Nothing in this Section shall be construed to require  
3 an insurance company to cover services related to an abortion  
4 as the term "abortion" is defined in the Illinois Abortion Law  
5 of 1975.

6 ~~(d) Nothing in this Section shall be construed to require~~  
7 ~~an insurance company to cover services related to permanent~~  
8 ~~sterilization that requires a surgical procedure.~~

9 (Source: P.A. 95-331, eff. 8-21-07.)".