



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB5769

by Rep. Deb Conroy

SYNOPSIS AS INTRODUCED:

215 ILCS 5/364.3 new
305 ILCS 5/5-5.12b new

Amends the Illinois Insurance Code and the Illinois Public Aid Code. Requires that on or before July 1, 2019, the Department of Insurance and Department of Healthcare and Family Services shall jointly develop a uniform prior authorization form to be used by prescribing providers to request prior authorization for prescription drug benefits. Provides that on and after January 1, 2020, health insurers and managed care organizations that provide prescription drug benefits shall utilize and accept the uniform prior authorization form and prescribing providers may use the uniform prior authorization form. Provides criteria for developing the uniform prior authorization form. Provides requirements and limitations of prior authorization requests. Effective January 1, 2019.

LRB100 18687 SMS 33918 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning regulation.

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

4 Section 5. The Illinois Insurance Code is amended by adding
5 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) For purposes of this Section, "prescribing provider"
10 includes a provider authorized to write a prescription, as
11 defined in subsection (e) of Section 3 of the Pharmacy Practice
12 Act, to treat a medical condition of an insured.

13 (b) Notwithstanding any other provision of law, on and
14 after January 1, 2020, a health insurer that provides
15 prescription drug benefits shall utilize and accept the uniform
16 prior authorization form developed pursuant to subsection (d)
17 when requiring prior authorization for prescription drug
18 benefits.

19 (c) If a health insurer fails to utilize or accept the
20 uniform prior authorization form or fails to respond within 2
21 business days after receipt of a completed prior authorization
22 request from a prescribing provider, pursuant to the submission
23 of the uniform prior authorization form developed as described

1 in subsection (d), the prior authorization request shall be
2 deemed to have been granted.

3 (d) On or before July 1, 2019, the Department and the
4 Department of Healthcare and Family Services shall jointly
5 develop a uniform prior authorization form that shall be used
6 by health insurers. Notwithstanding any other provision of law,
7 on and after January 1, 2020, every prescribing provider may
8 use that uniform prior authorization form to request prior
9 authorization for coverage of prescription drug benefits and
10 every health insurer shall accept that uniform prior
11 authorization form as sufficient to request prior
12 authorization for prescription drug benefits.

13 (e) The uniform prior authorization form developed
14 pursuant to subsection (d) shall not exceed one page and shall
15 be made electronically available by the Department and the
16 health insurer.

17 The completed uniform prior authorization form may also be
18 electronically submitted from the prescribing provider to the
19 health insurer.

20 The Department and the Department of Healthcare and Family
21 Services shall develop the uniform prior authorization form
22 with input from interested parties, including, but not limited
23 to, 2 psychiatrists recommended by a State organization that
24 represents psychiatrists appointed by the President of the
25 Senate, 2 physicians recommended by a State organization that
26 represents physicians appointed by the Speaker of the House of

1 Representatives, 2 family physicians recommended by a State
2 organization that represents family physicians appointed by
3 the President of the Senate, 2 pediatricians recommended by a
4 State organization that represents pediatricians appointed by
5 the Speaker of the House of Representatives, from at least one
6 public meeting.

7 The Department and the Department of Healthcare and Family
8 Services, in development of the uniform prior authorization
9 form, shall take into consideration the following:

10 (1) existing prior authorization forms established by
11 the federal Centers for Medicare and Medicaid Services and
12 the Department of Healthcare and Family Services; and

13 (2) national standards pertaining to electronic prior
14 authorization.

15 (f) The uniform prior authorization form shall not require
16 any of the following information or documents:

17 (1) patient medical records;

18 (2) provider chart notes; or

19 (3) drug screens unless clinically relevant.

20 (g) Prior authorization approvals shall be effective for a
21 minimum of one year.

22 (h) Providers may adjust prescription dosages within
23 medically accepted ranges without requiring another prior
24 authorization to change the prescription dosage.

25 (i) Prior authorizations may not be denied because a
26 prescription would be used off-label from the federal Food and

1 Drug Administration formal indication if the medication is
2 recommended by peer reviewed literature or in evidence-based
3 practice guidelines.

4 (j) The response to an appeal of a prior authorization
5 denial must be provided:

6 (1) within 24 hours for patients with urgent
7 medication needs; and

8 (2) within 5 business days for patients with regular
9 medication needs.

10 Section 10. The Illinois Public Aid Code is amended by
11 adding Section 5-5.12b as follows:

12 (305 ILCS 5/5-5.12b new)

13 Sec. 5-5.12b. Uniform prior authorization form;
14 prescription benefits.

15 (a) For purposes of this Section:

16 "Prescribing provider" includes a provider authorized to
17 write a prescription, as defined in subsection (e) of Section 3
18 of the Pharmacy Practice Act, to treat a medical condition of a
19 person eligible for medical assistance.

20 "Uniform prior authorization form" means the uniform prior
21 authorization form created under Section 364.3 of the Illinois
22 Insurance Code.

23 (b) Notwithstanding any other provision of law, on and
24 after January 1, 2020, a managed care organization that

1 provides prescription drug benefits shall utilize and accept
2 the uniform prior authorization form when requiring prior
3 authorization for prescription drug benefits.

4 (c) If a managed care organization fails to utilize or
5 accept the uniform prior authorization form, or fails to
6 respond within 2 business days upon receipt of a completed
7 prior authorization request from a prescribing provider,
8 pursuant to the submission of the uniform prior authorization
9 form, the prior authorization request shall be deemed to have
10 been granted.

11 (d) Notwithstanding any other provision of law, on and
12 after January 1, 2020, every prescribing provider may use that
13 uniform prior authorization form to request prior
14 authorization for coverage of prescription drug benefits and
15 every managed care organization shall accept that uniform prior
16 authorization form as sufficient to request prior
17 authorization for prescription drug benefits.

18 (e) The uniform prior authorization form shall be made
19 electronically available by the Department and the managed care
20 organization.

21 (f) Prior authorization approvals shall be effective for a
22 minimum of one year.

23 (g) Providers may adjust prescription dosages within
24 medically accepted ranges without requiring another prior
25 authorization to change the prescription dosage.

26 (h) Prior authorizations may not be denied because a

1 prescription would be used off-label from the federal Food and
2 Drug Administration formal indication if the medication is
3 recommended by peer reviewed literature or in evidence-based
4 practice guidelines.

5 (i) The response to an appeal of a prior authorization
6 denial must be provided:

7 (1) within 24 hours for patients with urgent medication
8 needs; and

9 (2) within 5 business days for patients with regular
10 medication needs.

11 Section 99. Effective date. This Act takes effect January
12 1, 2019.