

Rep. Bob Morgan

Filed: 10/28/2019

10100SB1756ham001 LRB101 09296 SMS 64137 a 1 AMENDMENT TO SENATE BILL 1756 AMENDMENT NO. _____. Amend Senate Bill 1756 by replacing 2 everything after the enacting clause with the following: 3 "Section 5. The Illinois Insurance Code is amended by 4 5 changing Section 155.36 as follows: 6 (215 ILCS 5/155.36) 7 Sec. 155.36. Managed Care Reform and Patient Rights Act. 8 Insurance companies that transact the kinds of insurance authorized under Class 1(b) or Class 2(a) of Section 4 of this 10 Code shall comply with Sections 45, 45.1, 45.2, and 85, subsection (d) of Section 30, and the definition of the term 11 "emergency medical condition" in Section 10 of the Managed Care 12 13 Reform and Patient Rights Act. (Source: P.A. 98-1035, eff. 8-25-14.) 14 15 (215 ILCS 125/5-10 rep.)

- 1 Section 10. The Health Maintenance Organization Act is
- 2 amended by repealing Section 5-10.
- 3 Section 15. The Managed Care Reform and Patient Rights Act
- 4 is amended by changing Section 30 as follows:
- 5 (215 ILCS 134/30)
- 6 (Text of Section before amendment by P.A. 101-452)
- 7 Sec. 30. Prohibitions.
- 8 (a) No health care plan or its subcontractors may prohibit
- 9 or discourage health care providers by contract or policy from
- 10 discussing any health care services and health care providers,
- 11 utilization review and quality assurance policies, terms and
- 12 conditions of plans and plan policy with enrollees, prospective
- enrollees, providers, or the public.
- 14 (b) No health care plan by contract, written policy, or
- 15 procedure may permit or allow an individual or entity to
- dispense a different drug in place of the drug or brand of drug
- 17 ordered or prescribed without the express permission of the
- 18 person ordering or prescribing the drug, except as provided
- under Section 3.14 of the Illinois Food, Drug and Cosmetic Act.
- 20 (c) No health care plan or its subcontractors may by
- 21 contract, written policy, procedure, or otherwise mandate or
- 22 require an enrollee to substitute his or her participating
- 23 primary care physician under the plan during inpatient
- 24 hospitalization, such as with a hospitalist physician licensed

- 1 to practice medicine in all its branches, without the agreement
- of that enrollee's participating primary care physician.
- 3 "Participating primary care physician" for health care plans
- 4 and subcontractors that do not require coordination of care by
- 5 a primary care physician means the participating physician
- 6 treating the patient. All health care plans shall inform
- 7 enrollees of any policies, recommendations, or guidelines
- 8 concerning the substitution of the enrollee's primary care
- 9 physician when hospitalization is necessary in the manner set
- forth in subsections (d) and (e) of Section 15.
- 11 (d) Any violation of this Section shall be subject to the
- 12 penalties under this Act.
- 13 (Source: P.A. 94-866, eff. 6-16-06.)
- 14 (Text of Section after amendment by P.A. 101-452)
- 15 Sec. 30. Prohibitions.
- 16 (a) No health care plan or its subcontractors may prohibit
- or discourage health care providers by contract or policy from
- 18 discussing any health care services and health care providers,
- 19 utilization review and quality assurance policies, terms and
- 20 conditions of plans and plan policy with enrollees, prospective
- 21 enrollees, providers, or the public.
- 22 (b) No health care plan by contract, written policy, or
- 23 procedure may permit or allow an individual or entity to
- 24 dispense a different drug in place of the drug or brand of drug
- ordered or prescribed without the express permission of the

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person ordering or prescribing the drug, except as provided under Section 3.14 of the Illinois Food, Drug and Cosmetic Act.

- (c) No health care plan or its subcontractors may by contract, written policy, procedure, or otherwise mandate or require an enrollee to substitute his or her participating primary care physician under the plan during inpatient hospitalization, such as with a hospitalist physician licensed to practice medicine in all its branches, without the agreement of that enrollee's participating primary care physician. "Participating primary care physician" for health care plans and subcontractors that do not require coordination of care by a primary care physician means the participating physician treating the patient. All health care plans shall inform enrollees of any policies, recommendations, or guidelines concerning the substitution of the enrollee's primary care physician when hospitalization is necessary in the manner set forth in subsections (d) and (e) of Section 15.
- (d) A health care plan shall apply any third-party payments, financial assistance, discount, product vouchers, or any other reduction in out-of-pocket expenses made by or on behalf of such insured for prescription drugs toward a covered individual's deductible, copay, or cost-sharing responsibility, or out-of-pocket maximum associated with the individual's health insurance. The provisions of this subsection do not apply to the minimum extent they would disqualify a high-deductible health plan from eligibility for a

- 1 health savings account pursuant to Section 223 of the federal
- Internal Revenue Code (26 U.S.C. 223). 2
- (e) Any violation of this Section shall be subject to the 3
- 4 penalties under this Act.
- 5 (Source: P.A. 101-452, eff. 1-1-20.)
- Section 20. The Illinois Public Aid Code is amended by 6
- 7 adding Section 5H-9 as follows:
- 8 (305 ILCS 5/5H-9 new)
- 9 Sec. 5H-9. Managed care organizations; revenue data.
- 10 (a) No managed care organization shall pass the cost of the
- 11 assessment imposed pursuant to this Article on to consumers as
- 12 a discrete addition to their premiums.
- 13 (b) With respect to health maintenance organizations, the
- 14 Department of Insurance shall provide the Department with
- member months and premium revenue data needed for implementing 15
- the assessment imposed under this Article. 16
- 17 Section 95. No acceleration or delay. Where this Act makes
- 18 changes in a statute that is represented in this Act by text
- 19 that is not yet or no longer in effect (for example, a Section
- 20 represented by multiple versions), the use of that text does
- 21 not accelerate or delay the taking effect of (i) the changes
- 2.2 made by this Act or (ii) provisions derived from any other
- 23 Public Act.

- 1 Section 99. Effective date. This Act takes effect upon
- becoming law.".