

HB3148



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB3148

Introduced 2/17/2023, by Rep. Dagmara Avelar

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.60

Amends the Accident and Health Article of the Illinois Insurance Code. Provides that an individual or group policy of accident and health insurance amended, delivered, issued, or renewed in the State after January 1, 2024 shall provide coverage for emergency contraceptives. Effective immediately.

LRB103 28272 BMS 54651 b

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
5 changing Section 356z.60 as follows:

6 (215 ILCS 5/356z.60)

7 Sec. 356z.60. Coverage for abortifacients, emergency
8 contraceptives, hormonal therapy, and human immunodeficiency
9 virus pre-exposure prophylaxis and post-exposure prophylaxis.

10 (a) As used in this Section:

11 "Abortifacients" means any medication administered to
12 terminate a pregnancy by a health care professional.

13 "Emergency contraceptives" means medication used to
14 prevent pregnancy after unprotected or inadequately protected
15 sexual intercourse or contraceptive failure.

16 "Health care professional" means a physician licensed to
17 practice medicine in all of its branches, licensed advanced
18 practice registered nurse, or physician assistant.

19 "Hormonal therapy medication" means hormonal treatment
20 administered to treat gender dysphoria.

21 "Therapeutic equivalent version" means drugs, devices, or
22 products that can be expected to have the same clinical effect
23 and safety profile when administered to patients under the

1 conditions specified in the labeling and that satisfy the
2 following general criteria:

3 (1) it is approved as safe and effective;

4 (2) it is a pharmaceutical equivalent in that it:

5 (A) contains identical amounts of the same active
6 drug ingredient in the same dosage form and route of
7 administration; and

8 (B) meets compendial or other applicable standards
9 of strength, quality, purity, and identity;

10 (3) it is bioequivalent in that:

11 (A) it does not present a known or potential
12 bioequivalence problem and it meets an acceptable in
13 vitro standard; or

14 (B) if it does present such a known or potential
15 problem, it is shown to meet an appropriate
16 bioequivalence standard;

17 (4) it is adequately labeled; and

18 (5) it is manufactured in compliance with Current Good
19 Manufacturing Practice regulations adopted by the United
20 States Food and Drug Administration.

21 (b) An individual or group policy of accident and health
22 insurance amended, delivered, issued, or renewed in this State
23 after January 1, 2024 shall provide coverage for all
24 abortifacients, emergency contraceptives, hormonal therapy
25 medication, human immunodeficiency virus pre-exposure
26 prophylaxis and post-exposure prophylaxis drugs approved by

1 the United States Food and Drug Administration, and follow-up
2 services related to that coverage, including, but not limited
3 to, management of side effects, medication self-management or
4 adherence counseling, risk reduction strategies, and mental
5 health counseling.

6 (c) The coverage required under subsection (b) is subject
7 to the following conditions:

8 (1) If the United States Food and Drug Administration
9 has approved one or more therapeutic equivalent versions
10 of an abortifacient drug, a policy is not required to
11 include all such therapeutic equivalent versions in its
12 formulary so long as at least one is included and covered
13 without cost sharing and in accordance with this Section.

14 (2) If an individual's attending provider recommends a
15 particular drug approved by the United States Food and
16 Drug Administration based on a determination of medical
17 necessity with respect to that individual, the plan or
18 issuer must defer to the determination of the attending
19 provider and must cover that service or item without cost
20 sharing.

21 (3) If a drug is not covered, plans and issuers must
22 have an easily accessible, transparent, and sufficiently
23 expedient process that is not unduly burdensome on the
24 individual or a provider or other individual acting as a
25 patient's authorized representative to ensure coverage
26 without cost sharing.

1 (d) Except as otherwise provided in this Section, a policy
2 subject to this Section shall not impose a deductible,
3 coinsurance, copayment, or any other cost-sharing requirement
4 on the coverage provided. The provisions of this subsection do
5 not apply to coverage of procedures to the extent such
6 coverage would disqualify a high-deductible health plan from
7 eligibility for a health savings account pursuant to the
8 federal Internal Revenue Code, 26 U.S.C. 223.

9 (e) Except as otherwise authorized under this Section, a
10 policy shall not impose any restrictions or delays on the
11 coverage required under this Section.

12 (f) The coverage requirements in this Section for
13 abortifacients do not, pursuant to 42 U.S.C. 18054(a)(6),
14 apply to a multistate plan that does not provide coverage for
15 abortion.

16 (g) If the Department concludes that enforcement of any
17 coverage requirement of this Section for abortifacients may
18 adversely affect the allocation of federal funds to this
19 State, the Department may grant an exemption to that
20 requirement, but only to the minimum extent necessary to
21 ensure the continued receipt of federal funds.

22 (Source: P.A. 102-1117, eff. 1-13-23.)

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