HB3585

LRB10329391CPF55782b

103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB3585

Introduced 2/17/2023, by Rep. Tom Weber

SYNOPSIS AS INTRODUCED:

New Act
215 ILCS 5/356z.4
225 ILCS 85/45 new
775 ILCS 55/1-40 new

Creates the Long-Acting Reversible Contraception Information Act. Provides that the Department of Public Health shall create and allocate funding for an online learning module to promote postpartum and postabortion long-acting reversible contraception insertion. Provides that long-acting reversible contraception services and information may be provided by physicians to any minor over the age of 12 who meets specified qualifications. Provides that the Department shall provide printed materials, guidance, and information on how to obtain low-cost and no-cost contraceptives. Provides that the Department shall develop a long-acting reversible contraception promotion plan intended to reduce cases of neonatal abstinence syndrome and fetal substance exposure. Provides that the Department shall produce an annual report on the program. Provides that the Department shall adopt rules necessary to carry out the Act. Amends the Illinois Insurance Code. Provides that an individual or group policy of accident and health insurance shall also cover long-acting reversible contraception on the day of the abortion as long as the procedure is medically feasible. Amends the Pharmacy Practice Act. Provides that a pharmacist licensed under the Act who dispenses self-administered hormonal contraceptives shall provide the patient with information on the effectiveness and availability of intrauterine devices and implants. Amends the Reproductive Health Act. Provides that a health care professional shall provide information about intrauterine devices at the time that a health care professional performs an abortion.

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A BILL FOR

AN ACT concerning health.

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

Section 1. Short title. This Act may be cited as the Long-Acting Reversible Contraception Information Act.

Section 5. Definitions. As used in this Act:

"Department" means the Department of Public Health.

"Health care professional" means a person who is licensed as a physician, advanced practice registered nurse, or physician assistant.

Section 10. Internet learning module for long-acting reversible contraception. The Department shall create and allocate funding for an online learning module, for health care professionals, to promote postpartum and postabortion long-acting reversible contraception insertion. A health care professional who participates in this module may apply the hours toward some of the continuing education requirements for the health care professionals.

Section 15. Long-acting reversible contraception for minors. Long-acting reversible contraception services and information may be rendered by physicians licensed in the

State to practice medicine in all of its branches to any minor over the age of 12:

(1) who is married;

(2) who is a parent;

(3) who has the consent of the minor's parents or legal guardian;

(4) who would face a serious health hazard if those services were not provided; or

(5) who is referred for such services by a physician, clergyman, or a planned parenthood agency.

Section 20. Guidance on low and no cost options of long-acting reversible contraception; long-acting reversible contraception promotion plan.

(a) The Department shall provide printed materials, guidance, and information on how to obtain low-cost and no-cost options for contraceptive promotion and long-acting reversible contraception to health care professionals.

(b) The Department shall develop a long-acting reversible contraception promotion plan to reduce cases of neonatal abstinence syndrome and fetal substance exposure. The Department shall produce an annual report on the program.

Section 25. Rulemaking. The Department shall adopt rules necessary to carry out this Act.

Section 30. The Illinois Insurance Code is amended by changing Section 356z.4 as follows:

(215 ILCS 5/356z.4)

Sec. 356z.4. Coverage for contraceptives.

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

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

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

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

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

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

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

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

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

(i) they are approved as safe and effective;

(ii) they are pharmaceutical equivalents in that they (A) contain identical amounts of the same active drug ingredient in the same dosage form and route of administration and (B) meet compendial or other applicable standards of strength, quality, purity, and identity;

(iii) they are bioequivalent in that (A) they do not present a known or potential bioequivalence problem and they meet an acceptable in vitro standard or (B) if they do present such a known or potential problem, they are shown to meet an appropriate bioequivalence standard;

(iv) they are adequately labeled; and

(v) they are manufactured in compliance with Current Good Manufacturing Practice regulations.

(3) An individual or group policy of accident and health insurance amended, delivered, issued, or renewed in this State after the effective date of this amendatory Act of the 99th General Assembly shall provide coverage for all of the following services and contraceptive methods:

(A) All contraceptive drugs, devices, and other products approved by the United States Food and Drug Administration. This includes all over-the-counter contraceptive drugs, devices, and products approved by the United States Food and Drug Administration, excluding male condoms. <u>This requirement includes long-acting reversible contraception on the day of an abortion as long as the procedure is medically feasible.</u> The following apply:

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

(ii) If an individual's attending provider recommends a particular service or item approved by the United States Food and Drug Administration based

on a determination of medical necessity with respect to that individual, the plan or issuer must cover that service or item without cost sharing. The plan or issuer must defer to the determination of the attending provider.

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

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

(B) Voluntary sterilization procedures.

(C) Contraceptive services, patient education, and counseling on contraception.

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

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

paragraph do not apply to coverage of voluntary male sterilization procedures to the extent such coverage would disqualify a high-deductible health plan from eligibility for a health savings account pursuant to the federal Internal Revenue Code, 26 U.S.C. 223.

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

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

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

An individual or group policy of accident and health

insurance amended, delivered, issued, or renewed in this State after the date this subsection (b) becomes operative that provides coverage for outpatient services and outpatient prescription drugs or devices must provide coverage for the insured and any dependent of the insured covered by the policy for all outpatient contraceptive services and all outpatient contraceptive drugs and devices approved by the Food and Drug Administration. Coverage required under this Section may not impose any deductible, coinsurance, waiting period, or other cost-sharing or limitation that is greater than that required for any outpatient service or outpatient prescription drug or device otherwise covered by the policy.

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

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

(c) (Blank).

(d) If a plan or issuer utilizes a network of providers, nothing in this Section shall be construed to require coverage or to prohibit the plan or issuer from imposing cost-sharing for items or services described in this Section that are provided or delivered by an out-of-network provider, unless

the plan or issuer does not have in its network a provider who is able to or is willing to provide the applicable items or services.

(Source: P.A. 100-1102, eff. 1-1-19; 101-13, eff. 6-12-19.)

Section 35. The Pharmacy Practice Act is amended by adding Section 45 as follows:

(225 ILCS 85/45 new)

Sec. 45. Information on intrauterine devices and implants. A pharmacist licensed under this Act who dispenses self-administered hormonal contraceptives shall provide the patient with information on the effectiveness and availability of intrauterine devices and implants.

Section 40. The Reproductive Health Act is amended by adding Section 1-40 as follows:

(775 ILCS 55/1-40 new)

Sec. 1-40. Information provided at the time of abortion. A health care professional shall provide information about intrauterine devices at the time that a health care professional performs an abortion.