



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5518

Introduced 2/9/2024, by Rep. Jenn Ladisch Douglass

SYNOPSIS AS INTRODUCED:

215 ILCS 5/155.37a new

Amends the Illinois Insurance Code. Provides that "State-regulated health plan" means any health insurance plan issued by an insurer regulated by the State or health insurance plan operated and administered by the State, including, but not limited to, the medical assistance program under the Medical Assistance Article of the Illinois Public Aid Code, fee-for-service plans, and managed care organizations. Provides that for every State-regulated health plan, an information packet on all insurance products offered to enrollees must be made available to the public, which must be viewable before choosing a health plan, that includes specified information concerning the plan's drug formulary and the costs for drugs. Provides that the information packet must be made available both online in any patient portal and in a printed format. Provides that the information packet must be updated within 7 days after any change to the drug formulary, and notice of the change to the drug formulary and change to drug costs must be sent to beneficiaries by mail or electronically.

LRB103 38809 RPS 68946 b

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 adding Section 155.37a as follows:

6 (215 ILCS 5/155.37a new)

7 Sec. 155.37a. State-regulated health plan drug formulary
8 posting.

9 (a) As used in this Section, "State-regulated health plan"
10 means any health insurance plan issued by an insurer regulated
11 by the State or health insurance plan operated and
12 administered by the State, including, but not limited to, the
13 medical assistance program under Article V of the Illinois
14 Public Aid Code, fee-for-service plans, and managed care
15 organizations.

16 (b) For every State-regulated health plan, an information
17 packet on all insurance products offered to enrollees must be
18 made available to the public, which must be viewable before
19 choosing a health plan, that includes the following
20 information:

21 (1) a current drug formulary listing all medications
22 and products available, including both generic and name
23 brand versions of each drug, and the tier for each drug;

1 (2) the out-of-pocket cost for each drug; and
2 (3) current information on copayments and any other
3 costs the patient might incur, including both the cost
4 before and after any deductibles and copayments are met.

5 (c) The information packet required under subsection (b)
6 must be made available both online in any patient portal and in
7 a printed format.

8 (d) The information packet required under subsection (b)
9 must be updated within 7 days after any change to the drug
10 formulary, and notice of the change to the drug formulary and
11 change to drug costs must be sent to beneficiaries by mail or
12 electronically.