



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

SB2019

Introduced 2/20/2009, by Sen. Michael W. Frerichs

SYNOPSIS AS INTRODUCED:

New Act

Creates the Continuity of Patient Care for Immunosuppressant Drugs Act. Provides that a health insurance policy or health care service plan contract that covers immunosuppressant drugs may not limit, reduce, or deny coverage of immunosuppressant drugs if prior to the limitation, reduction, or denial of coverage the insured was using the drug and was covered under the policy or contract and the drug was covered under the policy or contract. Provides that nothing in the Act shall prohibit an insurer from making changes in its benefit design that applies to all covered drugs or from increasing cost-sharing obligations due to a percentage coinsurance payment that necessarily increases with an increase in the underlying drug prices.

LRB096 11420 RPM 21889 b

1 AN ACT concerning insurance.

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

4 Section 1. Short title. This Act may be cited as the
5 Continuity of Patient Care for Immunosuppressant Drugs Act.

6 Section 5. Continuity of patient care.

7 (a) For the purpose of this Section, "immunosuppressant
8 drugs" means drugs that are used in immunosuppressive therapy
9 to inhibit or prevent the activity of the immune system.
10 Immunosuppressant drugs are used clinically to prevent the
11 rejection of transplanted organs and tissues.
12 Immunosuppressant drugs do not include drugs for the treatment
13 of autoimmune diseases or diseases that are most likely of
14 autoimmune origin.

15 (b) A health insurance policy or health care service plan
16 contract that covers immunosuppressant drugs may not limit,
17 reduce, or deny coverage of immunosuppressant drugs if prior to
18 the limitation, reduction, or denial of coverage all of the
19 following are met:

20 (1) the insured was using the drug;

21 (2) the insured was covered under the policy or
22 contract; and

23 (3) the drug was covered under the policy or contract.

1 A limitation, reduction, or denial of coverage may include,
2 but is not limited to, removing a drug from the formulary or
3 other drug list, imposing new prior authorization requirements
4 or other utilization management tools, or placing the drug on a
5 formulary tier that increases the patient's cost-sharing
6 obligations or otherwise effectively increases the patient's
7 cost-sharing obligations.

8 (c) Nothing in this Section shall prohibit an insurer from
9 making changes in its benefit design that applies to all
10 covered drugs or from increasing cost-sharing obligations
11 merely due to a percentage coinsurance payment that necessarily
12 increases with an increase in the underlying drug prices.