

August 24, 2015

To the Honorable Members of
The Illinois House of Representatives,
99th General Assembly:

Today I return House Bill 1, the Heroin Crisis Act, with specific recommendations for change.

House Bill 1 is a comprehensive effort to address opioid abuse from all angles. The bill is a result of the recommendations of the bi-partisan Heroin Task Force. I thank the sponsors of this bill and the members of the Task Force for their hard work over the past several years in addressing the growing heroin problem in Illinois.

First, the bill contains a number of important changes to increase the availability of an opioid antagonist and to provide for proper training on its use. It requires private insurance coverage for at least one opioid antagonist, as well as acute treatment and clinical stabilization services, which will be valuable in providing treatment for opioid users who need help in overcoming addiction.

The bill allows a licensed pharmacist, after completing a training program, to dispense an opioid antagonist in accordance with the procedures established by State agencies. It requires law enforcement and first responders to possess opioid antagonists and provide training on the administration of such antagonists. It allows a school nurse to administer an opioid antagonist to a student having an opioid overdose. It provides protection from civil liability to those individuals, including family members, who administer an opioid antagonist in good faith.

Second, in addition to the training requirements, House Bill 1 contains a number of substance abuse and mental health education requirements: the Department of Human Services and the State Board of Education will develop a three-year heroin and opioid prevention pilot program for all schools in the State; the Department of Human Services will also develop materials to educate opioid prescription holders on the dangers of these drugs; and the Department of Insurance will convene two working groups, one to discuss

treatment of substance abuse and mental illness and another to educate consumers on parity between State and federal mental health laws.

Third, the bill addresses safety and public information concerns. It strengthens the Prescription Monitoring Program (PMP) to provide comprehensive information to physicians and pharmacists. Dispensers must report information to the PMP within one day, instead of seven days, of dispensing a controlled substance. To prevent medication shopping, the PMP may issue a report to the prescriber and dispenser when a person is identified as having three or more prescribers or pharmacies. The bill establishes a full-time Clinical Director of the PMP and an Advisory Committee to implement the PMP effectively. Physicians must now document in a patient's medical record the medical necessity of any three sequential 30-day prescriptions for Schedule II narcotics. To increase the safe disposal of medications, the Illinois Environmental Protection Agency is tasked with establishing a medication take-back program and providing information on the safe disposal of unused medication. The Department of Insurance will enforce parity between State and federal mental health laws. House Bill 1 also requires sharing of overdose information among law enforcement, physicians, and state agencies to ensure we have accurate data as we continue to look for solutions to this epidemic in Illinois.

Finally, the bill addresses criminal justice concerns and improves access to treatment by permitting multiple entries to drug court and no longer allowing a prosecutor to unilaterally block entry to drug court. It requires mandatory education for state's attorneys and public defenders on substance abuse and addiction. As a deterrent for individuals fraudulently acquiring controlled substances through "doctor shopping", it increases penalties for attempting to acquire or obtaining possession of a controlled substance through fraudulent means.

I support all of the above measures and applaud the multi-faceted approach to combating this epidemic in Illinois. Unfortunately, the bill also includes provisions that will impose a very costly mandate on the State's Medicaid providers. I am returning the bill with recommendations to address that concern.

House Bill 1 mandates that fee-for-service and medical assistance Medicaid programs cover all forms of medication assisted treatment of alcohol or opioid dependence, and it removes utilization controls and prior authorization requirements. These changes would limit our ability to contain rising costs at a time when the State is facing unprecedented fiscal difficulties.

Importantly, the State's Medicaid programs already cover multiple forms of medication necessary to treat alcohol and opioid dependence. But without adequate funding to support mandated coverage for *all* forms of treatment, regardless of cost, this change would add to the State's deficit.

In addition, removing utilization controls and prior authorization requirements could undermine doctors' ability to manage treatment. Doctors should be able to work with

individuals addicted to opioids to arrive at a reasonable, comprehensive treatment plan. The Department of Healthcare and Family Services has developed a utilization control process to work with prescribing physicians to support individuals struggling with addiction, ensure appropriate utilization of medications, and prevent waste. Removing any prior authorization or utilization control would inhibit a doctor's ability to responsibly manage the overall treatment program for Medicaid patients.

Finally, the effective date for qualified health plans offered on the Health Insurance Marketplace must be amended as, in accordance with federal guidelines, the Department of Insurance has already certified the plans for 2015 and 2016.

Therefore, pursuant to Section 9(e) of Article IV of the Illinois Constitution of 1970, I hereby return House Bill 1, entitled "AN ACT concerning health", with the following specific recommendations for change:

On page 69, by replacing line 24 with "General Assembly, and beginning January 1, 2017 a qualified health plan on the Health Insurance Marketplace, that provides coverage for prescription drugs"; and

On page 77, by replacing line 1 with "this amendatory Act of the 99th General Assembly, and beginning January 1, 2017 a qualified health plan offered through the Health Insurance Marketplace, shall offer"; and

On page 79, by replacing 21 with "insurance, and beginning January 1, 2017 a qualified health plan offered through the Health"; and

On page 80, by replacing line 21 with "accident and health insurance, and beginning January 1, 2017 a qualified health plan"; and

On page 82, by replacing line 17 with "accident and health insurance and beginning January 1, 2017 a qualified health plan"; and

On page 84, by replacing line 16 with "Patient Rights Act. In the case of a qualified health plan offered through the Health Insurance Marketplace, this subsection shall apply beginning January 1, 2017."; and

On page 125, by deleting lines 3-25.

With these changes, House Bill 1 will have my approval. I respectfully request your concurrence.

Sincerely,

Bruce Rauner
GOVERNOR