

AN ACT concerning regulation.

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

Section 5. The Managed Care Reform and Patient Rights Act is amended by adding Section 45.3 as follows:

(215 ILCS 134/45.3 new)

Sec. 45.3. Prescription drug benefits; plan choice.

(a) Notwithstanding any other provision of law, beginning January 1, 2023, every health insurance carrier that offers an individual health plan that provides coverage for prescription drugs shall ensure that at least 10% of individual health care plans offered in each applicable service area and at each level of coverage as defined in 42 U.S.C. 18022 apply a flat-dollar copayment structure to the entire drug benefit. Beginning January 1, 2024, every health insurance carrier that offers an individual health plan that provides coverage for prescription drugs shall ensure that at least 25% of individual health care plans offered in each applicable service area and at each level of coverage as defined in 42 U.S.C. 18022 apply a flat-dollar copayment structure to the entire drug benefit. If a health insurance carrier offers fewer than 4 plans in a service area, then the health insurance carrier shall ensure that one plan applies a flat-dollar

copayment structure to the entire drug benefit.

(b) Beginning January 1, 2023, every health insurance carrier that offers a group health plan that provides coverage for prescription drugs shall offer at least one group health plan in each applicable service area and at each level of coverage as defined in 42 U.S.C. 18022 that applies a flat-dollar copayment structure to the entire drug benefit. Beginning January 1, 2024, every health insurance carrier that offers a group health plan that provides coverage for prescription drugs shall offer at least 2 group health plans in each applicable service area and at each level of coverage as defined in 42 U.S.C. 18022 that apply a flat-dollar copayment structure to the entire drug benefit.

(c) The flat-dollar copayment structure for prescription drugs under subsections (a) and (b) must be applied pre-deductible and be reasonably graduated and proportionately related in all tier levels such that the copayment structure as a whole does not discriminate against or discourage the enrollment of individuals with significant health care needs.

(d) A health insurance carrier that offers individual or group health care plans shall clearly and appropriately name the plans described in subsections (a) and (b) to aid in the individual or group plan selection process.

(e) A health insurance carrier shall market plans described in subsections (a) and (b) in the same manner as plans not described in subsections (a) and (b).

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(f) The Department shall adopt rules necessary to implement and enforce the provisions of this Section.

Section 99. Effective date. This Act takes effect January 1, 2023.