



Rep. La Shawn K. Ford

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LRB100 04181 KTG 23676 a

1 AMENDMENT TO HOUSE BILL 236

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 236 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Public Aid Code is amended by  
5 changing Sections 5-2b and 5-4.1 as follows:

6 (305 ILCS 5/5-2b)

7 Sec. 5-2b. Medically fragile and technology dependent  
8 children eligibility and program. Notwithstanding any other  
9 provision of law, on and after September 1, 2012, subject to  
10 federal approval, medical assistance under this Article shall  
11 be available to children who qualify as persons with a  
12 disability, as defined under the federal Supplemental Security  
13 Income program and who are medically fragile and technology  
14 dependent. The program shall allow eligible children to receive  
15 the medical assistance provided under this Article in the  
16 community and must maximize, to the fullest extent permissible

1 under federal law, federal reimbursement and family  
2 cost-sharing, including co-pays for brand name prescription  
3 drugs, premiums, or any other family contributions, except that  
4 the Department shall be permitted to incentivize the  
5 utilization of selected services through the use of  
6 cost-sharing adjustments. The Department shall establish the  
7 policies, procedures, standards, services, and criteria for  
8 this program by rule.

9 (Source: P.A. 97-689, eff. 6-14-12; 98-104, eff. 7-22-13.)

10 (305 ILCS 5/5-4.1) (from Ch. 23, par. 5-4.1)

11 Sec. 5-4.1. Co-payments; limitations. The Department may  
12 not require recipients of benefits under any Article of this  
13 Code to pay a fee as a co-payment for any service or generic  
14 drug or prescribed over-the-counter drug covered under the fee  
15 for service or managed care medical assistance programs. The  
16 Department may by rule provide that recipients under any  
17 Article of this Code shall pay a fee as a co-payment for brand  
18 name prescription drugs. ~~services. Co payments shall be~~  
19 ~~maximized to the extent permitted by federal law, except that~~  
20 ~~the Department shall impose a co-pay of \$2 on generic drugs.~~  
21 ~~Provided, however, that any such rule must provide that no~~  
22 ~~co-payment requirement can exist for renal dialysis, radiation~~  
23 ~~therapy, cancer chemotherapy, or insulin, and other products~~  
24 ~~necessary on a recurring basis, the absence of which would be~~  
25 ~~life threatening, or where co payment expenditures for~~

1 ~~required services and/or medications for chronic diseases that~~  
2 ~~the Illinois Department shall by rule designate shall cause an~~  
3 ~~extensive financial burden on the recipient, and provided no~~  
4 ~~co-payment shall exist for emergency room encounters which are~~  
5 ~~for medical emergencies.~~ The Department shall seek approval of  
6 a State plan amendment that allows pharmacies to refuse to  
7 dispense brand name prescription drugs in circumstances where  
8 the recipient does not pay the required co-payment for a brand  
9 name prescription drug. ~~Co-payments may not exceed \$10 for~~  
10 ~~emergency room use for a non-emergency situation as defined by~~  
11 ~~the Department by rule and subject to federal approval.~~

12 (Source: P.A. 96-1501, eff. 1-25-11; 97-74, eff. 6-30-11;  
13 97-689, eff. 6-14-12.)".