



Sen. Laura Fine

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10200HB2589sam001

LRB102 15983 KTG 26491 a

1 AMENDMENT TO HOUSE BILL 2589

2 AMENDMENT NO. _____. Amend House Bill 2589 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Substance Use Disorder Act is amended by
5 changing Sections 5-23 and 20-10 as follows:

6 (20 ILCS 301/5-23)

7 Sec. 5-23. Drug Overdose Prevention Program.

8 (a) Reports.

9 (1) The Department may publish annually a report on
10 drug overdose trends statewide that reviews State death
11 rates from available data to ascertain changes in the
12 causes or rates of fatal and nonfatal drug overdose. The
13 report shall also provide information on interventions
14 that would be effective in reducing the rate of fatal or
15 nonfatal drug overdose and on the current substance use
16 disorder treatment capacity within the State. The report

1 shall include an analysis of drug overdose information
2 reported to the Department of Public Health pursuant to
3 subsection (e) of Section 3-3013 of the Counties Code,
4 Section 6.14g of the Hospital Licensing Act, and
5 subsection (j) of Section 22-30 of the School Code.

6 (2) The report may include:

7 (A) Trends in drug overdose death rates.

8 (B) Trends in emergency room utilization related
9 to drug overdose and the cost impact of emergency room
10 utilization.

11 (C) Trends in utilization of pre-hospital and
12 emergency services and the cost impact of emergency
13 services utilization.

14 (D) Suggested improvements in data collection.

15 (E) A description of other interventions effective
16 in reducing the rate of fatal or nonfatal drug
17 overdose.

18 (F) A description of efforts undertaken to educate
19 the public about unused medication and about how to
20 properly dispose of unused medication, including the
21 number of registered collection receptacles in this
22 State, mail-back programs, and drug take-back events.

23 (G) An inventory of the State's substance use
24 disorder treatment capacity, including, but not
25 limited to:

26 (i) The number and type of licensed treatment

1 programs in each geographic area of the State.

2 (ii) The availability of medication-assisted
3 treatment at each licensed program and which types
4 of medication-assisted treatment are available.

5 (iii) The number of recovery homes that accept
6 individuals using medication-assisted treatment in
7 their recovery.

8 (iv) The number of medical professionals
9 currently authorized to prescribe buprenorphine
10 and the number of individuals who fill
11 prescriptions for that medication at retail
12 pharmacies as prescribed.

13 (v) Any partnerships between programs licensed
14 by the Department and other providers of
15 medication-assisted treatment.

16 (vi) Any challenges in providing
17 medication-assisted treatment reported by programs
18 licensed by the Department and any potential
19 solutions.

20 (b) Programs; drug overdose prevention.

21 (1) The Department may establish a program to provide
22 for the production and publication, in electronic and
23 other formats, of drug overdose prevention, recognition,
24 and response literature. The Department may develop and
25 disseminate curricula for use by professionals,
26 organizations, individuals, or committees interested in

1 the prevention of fatal and nonfatal drug overdose,
2 including, but not limited to, drug users, jail and prison
3 personnel, jail and prison inmates, drug treatment
4 professionals, emergency medical personnel, hospital
5 staff, families and associates of drug users, peace
6 officers, firefighters, public safety officers, needle
7 exchange program staff, and other persons. In addition to
8 information regarding drug overdose prevention,
9 recognition, and response, literature produced by the
10 Department shall stress that drug use remains illegal and
11 highly dangerous and that complete abstinence from illegal
12 drug use is the healthiest choice. The literature shall
13 provide information and resources for substance use
14 disorder treatment.

15 The Department may establish or authorize programs for
16 prescribing, dispensing, or distributing opioid
17 antagonists for the treatment of drug overdose. Such
18 programs may include the prescribing of opioid antagonists
19 for the treatment of drug overdose to a person who is not
20 at risk of opioid overdose but who, in the judgment of the
21 health care professional, may be in a position to assist
22 another individual during an opioid-related drug overdose
23 and who has received basic instruction on how to
24 administer an opioid antagonist.

25 (2) The Department may provide advice to State and
26 local officials on the growing drug overdose crisis,

1 including the prevalence of drug overdose incidents,
2 programs promoting the disposal of unused prescription
3 drugs, trends in drug overdose incidents, and solutions to
4 the drug overdose crisis.

5 (3) The Department may support drug overdose
6 prevention, recognition, and response projects by
7 facilitating the acquisition of opioid antagonist
8 medication approved for opioid overdose reversal,
9 facilitating the acquisition of opioid antagonist
10 medication approved for opioid overdose reversal,
11 providing trainings in overdose prevention best practices,
12 connecting programs to medical resources, establishing a
13 statewide standing order for the acquisition of needed
14 medication, establishing learning collaboratives between
15 localities and programs, and assisting programs in
16 navigating any regulatory requirements for establishing or
17 expanding such programs.

18 (4) In supporting best practices in drug overdose
19 prevention programming, the Department may promote the
20 following programmatic elements:

21 (A) Training individuals who currently use drugs
22 in the administration of opioid antagonists approved
23 for the reversal of an opioid overdose.

24 (B) Directly distributing opioid antagonists
25 approved for the reversal of an opioid overdose rather
26 than providing prescriptions to be filled at a

1 pharmacy.

2 (C) Conducting street and community outreach to
3 work directly with individuals who are using drugs.

4 (D) Employing community health workers or peer
5 recovery specialists who are familiar with the
6 communities served and can provide culturally
7 competent services.

8 (E) Collaborating with other community-based
9 organizations, substance use disorder treatment
10 centers, or other health care providers engaged in
11 treating individuals who are using drugs.

12 (F) Providing linkages for individuals to obtain
13 evidence-based substance use disorder treatment.

14 (G) Engaging individuals exiting jails or prisons
15 who are at a high risk of overdose.

16 (H) Providing education and training to
17 community-based organizations who work directly with
18 individuals who are using drugs and those individuals'
19 families and communities.

20 (I) Providing education and training on drug
21 overdose prevention and response to emergency
22 personnel and law enforcement.

23 (J) Informing communities of the important role
24 emergency personnel play in responding to accidental
25 overdose.

26 (K) Producing and distributing targeted mass media

1 materials on drug overdose prevention and response,
2 the potential dangers of leaving unused prescription
3 drugs in the home, and the proper methods for
4 disposing of unused prescription drugs.

5 (c) Grants.

6 (1) The Department may award grants, in accordance
7 with this subsection, to create or support local drug
8 overdose prevention, recognition, and response projects.
9 Local health departments, correctional institutions,
10 hospitals, universities, community-based organizations,
11 and faith-based organizations may apply to the Department
12 for a grant under this subsection at the time and in the
13 manner the Department prescribes. Eligible grant
14 activities include, but are not limited to, purchasing and
15 distributing opioid antagonists, hiring peer recovery
16 specialists or other community members to conduct
17 community outreach, and hosting public health fairs or
18 events to distribute opioid antagonists, promote harm
19 reduction activities, and provide linkages to community
20 partners.

21 (2) In awarding grants, the Department shall consider
22 the overall rate of opioid overdose, the rate of increase
23 in opioid overdose, and racial disparities in opioid
24 overdose experienced by the communities to be served by
25 grantees. The Department ~~necessity for overdose prevention~~
26 ~~projects in various settings and~~ shall encourage all grant

1 applicants to develop interventions that will be effective
2 and viable in their local areas.

3 (3) (Blank).

4 (3.5) Any hospital licensed under the Hospital
5 Licensing Act or organized under the University of
6 Illinois Hospital Act shall be deemed to have met the
7 standards and requirements set forth in this Section to
8 enroll in the drug overdose prevention program upon
9 completion of the enrollment process except that proof of
10 a standing order and attestation of programmatic
11 requirements shall be waived for enrollment purposes.
12 Reporting mandated by enrollment shall be necessary to
13 carry out or attain eligibility for associated resources
14 under this Section for drug overdose prevention projects
15 operated on the licensed premises of the hospital and
16 operated by the hospital or its designated agent. The
17 Department shall streamline hospital enrollment for drug
18 overdose prevention programs by accepting such deemed
19 status under this Section in order to reduce barriers to
20 hospital participation in drug overdose prevention,
21 recognition, or response projects.

22 (4) In addition to moneys appropriated by the General
23 Assembly, the Department may seek grants from private
24 foundations, the federal government, and other sources to
25 fund the grants under this Section and to fund an
26 evaluation of the programs supported by the grants.

1 (d) Health care professional prescription of opioid
2 antagonists.

3 (1) A health care professional who, acting in good
4 faith, directly or by standing order, prescribes or
5 dispenses an opioid antagonist to: (a) a patient who, in
6 the judgment of the health care professional, is capable
7 of administering the drug in an emergency, or (b) a person
8 who is not at risk of opioid overdose but who, in the
9 judgment of the health care professional, may be in a
10 position to assist another individual during an
11 opioid-related drug overdose and who has received basic
12 instruction on how to administer an opioid antagonist
13 shall not, as a result of his or her acts or omissions, be
14 subject to: (i) any disciplinary or other adverse action
15 under the Medical Practice Act of 1987, the Physician
16 Assistant Practice Act of 1987, the Nurse Practice Act,
17 the Pharmacy Practice Act, or any other professional
18 licensing statute or (ii) any criminal liability, except
19 for willful and wanton misconduct.

20 (1.5) Notwithstanding any provision of or requirement
21 otherwise imposed by the Pharmacy Practice Act, the
22 Medical Practice Act of 1987, or any other law or rule,
23 including, but not limited to, any requirement related to
24 labeling, storage, or recordkeeping, a health care
25 professional or other person acting under the direction of
26 a health care professional may, directly or by standing

1 order, obtain, store, and dispense an opioid antagonist to
2 a patient in a facility that includes, but is not limited
3 to, a hospital, a hospital affiliate, or a federally
4 qualified health center if the patient information
5 specified in paragraph (4) of this subsection is provided
6 to the patient. A person acting in accordance with this
7 paragraph shall not, as a result of his or her acts or
8 omissions, be subject to: (i) any disciplinary or other
9 adverse action under the Medical Practice Act of 1987, the
10 Physician Assistant Practice Act of 1987, the Nurse
11 Practice Act, the Pharmacy Practice Act, or any other
12 professional licensing statute; or (ii) any criminal
13 liability, except for willful and wanton misconduct.

14 (2) A person who is not otherwise licensed to
15 administer an opioid antagonist may in an emergency
16 administer without fee an opioid antagonist if the person
17 has received the patient information specified in
18 paragraph (4) of this subsection and believes in good
19 faith that another person is experiencing a drug overdose.
20 The person shall not, as a result of his or her acts or
21 omissions, be (i) liable for any violation of the Medical
22 Practice Act of 1987, the Physician Assistant Practice Act
23 of 1987, the Nurse Practice Act, the Pharmacy Practice
24 Act, or any other professional licensing statute, or (ii)
25 subject to any criminal prosecution or civil liability,
26 except for willful and wanton misconduct.

1 (3) A health care professional prescribing an opioid
2 antagonist to a patient shall ensure that the patient
3 receives the patient information specified in paragraph
4 (4) of this subsection. Patient information may be
5 provided by the health care professional or a
6 community-based organization, substance use disorder
7 program, or other organization with which the health care
8 professional establishes a written agreement that includes
9 a description of how the organization will provide patient
10 information, how employees or volunteers providing
11 information will be trained, and standards for documenting
12 the provision of patient information to patients.
13 Provision of patient information shall be documented in
14 the patient's medical record or through similar means as
15 determined by agreement between the health care
16 professional and the organization. The Department, in
17 consultation with statewide organizations representing
18 physicians, pharmacists, advanced practice registered
19 nurses, physician assistants, substance use disorder
20 programs, and other interested groups, shall develop and
21 disseminate to health care professionals, community-based
22 organizations, substance use disorder programs, and other
23 organizations training materials in video, electronic, or
24 other formats to facilitate the provision of such patient
25 information.

26 (4) For the purposes of this subsection:

1 "Opioid antagonist" means a drug that binds to opioid
2 receptors and blocks or inhibits the effect of opioids
3 acting on those receptors, including, but not limited to,
4 naloxone hydrochloride or any other similarly acting drug
5 approved by the U.S. Food and Drug Administration.

6 "Health care professional" means a physician licensed
7 to practice medicine in all its branches, a licensed
8 physician assistant with prescriptive authority, a
9 licensed advanced practice registered nurse with
10 prescriptive authority, an advanced practice registered
11 nurse or physician assistant who practices in a hospital,
12 hospital affiliate, or ambulatory surgical treatment
13 center and possesses appropriate clinical privileges in
14 accordance with the Nurse Practice Act, or a pharmacist
15 licensed to practice pharmacy under the Pharmacy Practice
16 Act.

17 "Patient" includes a person who is not at risk of
18 opioid overdose but who, in the judgment of the physician,
19 advanced practice registered nurse, or physician
20 assistant, may be in a position to assist another
21 individual during an overdose and who has received patient
22 information as required in paragraph (2) of this
23 subsection on the indications for and administration of an
24 opioid antagonist.

25 "Patient information" includes information provided to
26 the patient on drug overdose prevention and recognition;

1 how to perform rescue breathing and resuscitation; opioid
2 antagonist dosage and administration; the importance of
3 calling 911; care for the overdose victim after
4 administration of the overdose antagonist; and other
5 issues as necessary.

6 (e) Drug overdose response policy.

7 (1) Every State and local government agency that
8 employs a law enforcement officer or fireman as those
9 terms are defined in the Line of Duty Compensation Act
10 must possess opioid antagonists and must establish a
11 policy to control the acquisition, storage,
12 transportation, and administration of such opioid
13 antagonists and to provide training in the administration
14 of opioid antagonists. A State or local government agency
15 that employs a fireman as defined in the Line of Duty
16 Compensation Act but does not respond to emergency medical
17 calls or provide medical services shall be exempt from
18 this subsection.

19 (2) Every publicly or privately owned ambulance,
20 special emergency medical services vehicle, non-transport
21 vehicle, or ambulance assist vehicle, as described in the
22 Emergency Medical Services (EMS) Systems Act, that
23 responds to requests for emergency services or transports
24 patients between hospitals in emergency situations must
25 possess opioid antagonists.

26 (3) Entities that are required under paragraphs (1)

1 and (2) to possess opioid antagonists may also apply to
2 the Department for a grant to fund the acquisition of
3 opioid antagonists and training programs on the
4 administration of opioid antagonists.

5 (Source: P.A. 100-201, eff. 8-18-17; 100-513, eff. 1-1-18;
6 100-759, eff. 1-1-19; 101-356, eff. 8-9-19.)

7 (20 ILCS 301/20-10)

8 Sec. 20-10. Screening, Brief Intervention, and Referral to
9 Treatment. As used in this Section, "SBIRT" means a
10 comprehensive, integrated, public health approach to the
11 delivery of early intervention and treatment services for
12 persons who are at risk of developing substance use disorders
13 or have substance use disorders including, but not limited to,
14 an addiction to alcohol, opioids, tobacco, or cannabis. SBIRT
15 services include all of the following:

16 (1) Screening to quickly assess the severity of
17 substance use and to identify the appropriate level of
18 treatment.

19 (2) Brief intervention focused on increasing insight
20 and awareness regarding substance use and motivation
21 toward behavioral change.

22 (3) Referral to treatment provided to those identified
23 as needing more extensive treatment with access to
24 specialty care.

25 SBIRT services may include, but are not limited to, the

1 following settings and programs: primary care centers,
2 hospital emergency rooms, hospital in-patient units, trauma
3 centers, community behavioral health programs, and other
4 community settings that provide opportunities for early
5 intervention with at-risk substance users before more severe
6 consequences occur.

7 ~~(a) As used in this Section, "SBIRT" means the~~
8 ~~identification of individuals, within primary care settings,~~
9 ~~who need substance use disorder treatment. Primary care~~
10 ~~providers will screen and, based on the results of the screen,~~
11 ~~deliver a brief intervention or make referral to a licensed~~
12 ~~treatment provider as appropriate. SBIRT is not a licensed~~
13 ~~category of service.~~

14 ~~(b) The Department may develop policy or best practice~~
15 ~~guidelines for identification of at risk individuals through~~
16 ~~SBIRT and contract or billing requirements for SBIRT.~~

17 (Source: P.A. 100-759, eff. 1-1-19.)

18 Section 10. The Illinois Public Aid Code is amended by
19 changing Section 5-5 and by adding Section 5-41 as follows:

20 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

21 Sec. 5-5. Medical services. The Illinois Department, by
22 rule, shall determine the quantity and quality of and the rate
23 of reimbursement for the medical assistance for which payment
24 will be authorized, and the medical services to be provided,

1 which may include all or part of the following: (1) inpatient
2 hospital services; (2) outpatient hospital services; (3) other
3 laboratory and X-ray services; (4) skilled nursing home
4 services; (5) physicians' services whether furnished in the
5 office, the patient's home, a hospital, a skilled nursing
6 home, or elsewhere; (6) medical care, or any other type of
7 remedial care furnished by licensed practitioners; (7) home
8 health care services; (8) private duty nursing service; (9)
9 clinic services; (10) dental services, including prevention
10 and treatment of periodontal disease and dental caries disease
11 for pregnant women, provided by an individual licensed to
12 practice dentistry or dental surgery; for purposes of this
13 item (10), "dental services" means diagnostic, preventive, or
14 corrective procedures provided by or under the supervision of
15 a dentist in the practice of his or her profession; (11)
16 physical therapy and related services; (12) prescribed drugs,
17 dentures, and prosthetic devices; and eyeglasses prescribed by
18 a physician skilled in the diseases of the eye, or by an
19 optometrist, whichever the person may select; (13) other
20 diagnostic, screening, preventive, and rehabilitative
21 services, including to ensure that the individual's need for
22 intervention or treatment of mental disorders or substance use
23 disorders or co-occurring mental health and substance use
24 disorders is determined using a uniform screening, assessment,
25 and evaluation process inclusive of criteria, for children and
26 adults; for purposes of this item (13), a uniform screening,

1 assessment, and evaluation process refers to a process that
2 includes an appropriate evaluation and, as warranted, a
3 referral; "uniform" does not mean the use of a singular
4 instrument, tool, or process that all must utilize; (14)
5 transportation and such other expenses as may be necessary;
6 (15) medical treatment of sexual assault survivors, as defined
7 in Section 1a of the Sexual Assault Survivors Emergency
8 Treatment Act, for injuries sustained as a result of the
9 sexual assault, including examinations and laboratory tests to
10 discover evidence which may be used in criminal proceedings
11 arising from the sexual assault; (16) the diagnosis and
12 treatment of sickle cell anemia; and (17) any other medical
13 care, and any other type of remedial care recognized under the
14 laws of this State. The term "any other type of remedial care"
15 shall include nursing care and nursing home service for
16 persons who rely on treatment by spiritual means alone through
17 prayer for healing.

18 Notwithstanding any other provision of this Section, a
19 comprehensive tobacco use cessation program that includes
20 purchasing prescription drugs or prescription medical devices
21 approved by the Food and Drug Administration shall be covered
22 under the medical assistance program under this Article for
23 persons who are otherwise eligible for assistance under this
24 Article.

25 Notwithstanding any other provision of this Code,
26 reproductive health care that is otherwise legal in Illinois

1 shall be covered under the medical assistance program for
2 persons who are otherwise eligible for medical assistance
3 under this Article.

4 Notwithstanding any other provision of this Code, the
5 Illinois Department may not require, as a condition of payment
6 for any laboratory test authorized under this Article, that a
7 physician's handwritten signature appear on the laboratory
8 test order form. The Illinois Department may, however, impose
9 other appropriate requirements regarding laboratory test order
10 documentation.

11 Upon receipt of federal approval of an amendment to the
12 Illinois Title XIX State Plan for this purpose, the Department
13 shall authorize the Chicago Public Schools (CPS) to procure a
14 vendor or vendors to manufacture eyeglasses for individuals
15 enrolled in a school within the CPS system. CPS shall ensure
16 that its vendor or vendors are enrolled as providers in the
17 medical assistance program and in any capitated Medicaid
18 managed care entity (MCE) serving individuals enrolled in a
19 school within the CPS system. Under any contract procured
20 under this provision, the vendor or vendors must serve only
21 individuals enrolled in a school within the CPS system. Claims
22 for services provided by CPS's vendor or vendors to recipients
23 of benefits in the medical assistance program under this Code,
24 the Children's Health Insurance Program, or the Covering ALL
25 KIDS Health Insurance Program shall be submitted to the
26 Department or the MCE in which the individual is enrolled for

1 payment and shall be reimbursed at the Department's or the
2 MCE's established rates or rate methodologies for eyeglasses.

3 On and after July 1, 2012, the Department of Healthcare
4 and Family Services may provide the following services to
5 persons eligible for assistance under this Article who are
6 participating in education, training or employment programs
7 operated by the Department of Human Services as successor to
8 the Department of Public Aid:

9 (1) dental services provided by or under the
10 supervision of a dentist; and

11 (2) eyeglasses prescribed by a physician skilled in
12 the diseases of the eye, or by an optometrist, whichever
13 the person may select.

14 On and after July 1, 2018, the Department of Healthcare
15 and Family Services shall provide dental services to any adult
16 who is otherwise eligible for assistance under the medical
17 assistance program. As used in this paragraph, "dental
18 services" means diagnostic, preventative, restorative, or
19 corrective procedures, including procedures and services for
20 the prevention and treatment of periodontal disease and dental
21 caries disease, provided by an individual who is licensed to
22 practice dentistry or dental surgery or who is under the
23 supervision of a dentist in the practice of his or her
24 profession.

25 On and after July 1, 2018, targeted dental services, as
26 set forth in Exhibit D of the Consent Decree entered by the

1 United States District Court for the Northern District of
2 Illinois, Eastern Division, in the matter of Memisovski v.
3 Maram, Case No. 92 C 1982, that are provided to adults under
4 the medical assistance program shall be established at no less
5 than the rates set forth in the "New Rate" column in Exhibit D
6 of the Consent Decree for targeted dental services that are
7 provided to persons under the age of 18 under the medical
8 assistance program.

9 Notwithstanding any other provision of this Code and
10 subject to federal approval, the Department may adopt rules to
11 allow a dentist who is volunteering his or her service at no
12 cost to render dental services through an enrolled
13 not-for-profit health clinic without the dentist personally
14 enrolling as a participating provider in the medical
15 assistance program. A not-for-profit health clinic shall
16 include a public health clinic or Federally Qualified Health
17 Center or other enrolled provider, as determined by the
18 Department, through which dental services covered under this
19 Section are performed. The Department shall establish a
20 process for payment of claims for reimbursement for covered
21 dental services rendered under this provision.

22 The Illinois Department, by rule, may distinguish and
23 classify the medical services to be provided only in
24 accordance with the classes of persons designated in Section
25 5-2.

26 The Department of Healthcare and Family Services must

1 provide coverage and reimbursement for amino acid-based
2 elemental formulas, regardless of delivery method, for the
3 diagnosis and treatment of (i) eosinophilic disorders and (ii)
4 short bowel syndrome when the prescribing physician has issued
5 a written order stating that the amino acid-based elemental
6 formula is medically necessary.

7 The Illinois Department shall authorize the provision of,
8 and shall authorize payment for, screening by low-dose
9 mammography for the presence of occult breast cancer for women
10 35 years of age or older who are eligible for medical
11 assistance under this Article, as follows:

12 (A) A baseline mammogram for women 35 to 39 years of
13 age.

14 (B) An annual mammogram for women 40 years of age or
15 older.

16 (C) A mammogram at the age and intervals considered
17 medically necessary by the woman's health care provider
18 for women under 40 years of age and having a family history
19 of breast cancer, prior personal history of breast cancer,
20 positive genetic testing, or other risk factors.

21 (D) A comprehensive ultrasound screening and MRI of an
22 entire breast or breasts if a mammogram demonstrates
23 heterogeneous or dense breast tissue or when medically
24 necessary as determined by a physician licensed to
25 practice medicine in all of its branches.

26 (E) A screening MRI when medically necessary, as

1 determined by a physician licensed to practice medicine in
2 all of its branches.

3 (F) A diagnostic mammogram when medically necessary,
4 as determined by a physician licensed to practice medicine
5 in all its branches, advanced practice registered nurse,
6 or physician assistant.

7 The Department shall not impose a deductible, coinsurance,
8 copayment, or any other cost-sharing requirement on the
9 coverage provided under this paragraph; except that this
10 sentence does not apply to coverage of diagnostic mammograms
11 to the extent such coverage would disqualify a high-deductible
12 health plan from eligibility for a health savings account
13 pursuant to Section 223 of the Internal Revenue Code (26
14 U.S.C. 223).

15 All screenings shall include a physical breast exam,
16 instruction on self-examination and information regarding the
17 frequency of self-examination and its value as a preventative
18 tool.

19 For purposes of this Section:

20 "Diagnostic mammogram" means a mammogram obtained using
21 diagnostic mammography.

22 "Diagnostic mammography" means a method of screening that
23 is designed to evaluate an abnormality in a breast, including
24 an abnormality seen or suspected on a screening mammogram or a
25 subjective or objective abnormality otherwise detected in the
26 breast.

1 "Low-dose mammography" means the x-ray examination of the
2 breast using equipment dedicated specifically for mammography,
3 including the x-ray tube, filter, compression device, and
4 image receptor, with an average radiation exposure delivery of
5 less than one rad per breast for 2 views of an average size
6 breast. The term also includes digital mammography and
7 includes breast tomosynthesis.

8 "Breast tomosynthesis" means a radiologic procedure that
9 involves the acquisition of projection images over the
10 stationary breast to produce cross-sectional digital
11 three-dimensional images of the breast.

12 If, at any time, the Secretary of the United States
13 Department of Health and Human Services, or its successor
14 agency, promulgates rules or regulations to be published in
15 the Federal Register or publishes a comment in the Federal
16 Register or issues an opinion, guidance, or other action that
17 would require the State, pursuant to any provision of the
18 Patient Protection and Affordable Care Act (Public Law
19 111-148), including, but not limited to, 42 U.S.C.
20 18031(d)(3)(B) or any successor provision, to defray the cost
21 of any coverage for breast tomosynthesis outlined in this
22 paragraph, then the requirement that an insurer cover breast
23 tomosynthesis is inoperative other than any such coverage
24 authorized under Section 1902 of the Social Security Act, 42
25 U.S.C. 1396a, and the State shall not assume any obligation
26 for the cost of coverage for breast tomosynthesis set forth in

1 this paragraph.

2 On and after January 1, 2016, the Department shall ensure
3 that all networks of care for adult clients of the Department
4 include access to at least one breast imaging Center of
5 Imaging Excellence as certified by the American College of
6 Radiology.

7 On and after January 1, 2012, providers participating in a
8 quality improvement program approved by the Department shall
9 be reimbursed for screening and diagnostic mammography at the
10 same rate as the Medicare program's rates, including the
11 increased reimbursement for digital mammography.

12 The Department shall convene an expert panel including
13 representatives of hospitals, free-standing mammography
14 facilities, and doctors, including radiologists, to establish
15 quality standards for mammography.

16 On and after January 1, 2017, providers participating in a
17 breast cancer treatment quality improvement program approved
18 by the Department shall be reimbursed for breast cancer
19 treatment at a rate that is no lower than 95% of the Medicare
20 program's rates for the data elements included in the breast
21 cancer treatment quality program.

22 The Department shall convene an expert panel, including
23 representatives of hospitals, free-standing breast cancer
24 treatment centers, breast cancer quality organizations, and
25 doctors, including breast surgeons, reconstructive breast
26 surgeons, oncologists, and primary care providers to establish

1 quality standards for breast cancer treatment.

2 Subject to federal approval, the Department shall
3 establish a rate methodology for mammography at federally
4 qualified health centers and other encounter-rate clinics.
5 These clinics or centers may also collaborate with other
6 hospital-based mammography facilities. By January 1, 2016, the
7 Department shall report to the General Assembly on the status
8 of the provision set forth in this paragraph.

9 The Department shall establish a methodology to remind
10 women who are age-appropriate for screening mammography, but
11 who have not received a mammogram within the previous 18
12 months, of the importance and benefit of screening
13 mammography. The Department shall work with experts in breast
14 cancer outreach and patient navigation to optimize these
15 reminders and shall establish a methodology for evaluating
16 their effectiveness and modifying the methodology based on the
17 evaluation.

18 The Department shall establish a performance goal for
19 primary care providers with respect to their female patients
20 over age 40 receiving an annual mammogram. This performance
21 goal shall be used to provide additional reimbursement in the
22 form of a quality performance bonus to primary care providers
23 who meet that goal.

24 The Department shall devise a means of case-managing or
25 patient navigation for beneficiaries diagnosed with breast
26 cancer. This program shall initially operate as a pilot

1 program in areas of the State with the highest incidence of
2 mortality related to breast cancer. At least one pilot program
3 site shall be in the metropolitan Chicago area and at least one
4 site shall be outside the metropolitan Chicago area. On or
5 after July 1, 2016, the pilot program shall be expanded to
6 include one site in western Illinois, one site in southern
7 Illinois, one site in central Illinois, and 4 sites within
8 metropolitan Chicago. An evaluation of the pilot program shall
9 be carried out measuring health outcomes and cost of care for
10 those served by the pilot program compared to similarly
11 situated patients who are not served by the pilot program.

12 The Department shall require all networks of care to
13 develop a means either internally or by contract with experts
14 in navigation and community outreach to navigate cancer
15 patients to comprehensive care in a timely fashion. The
16 Department shall require all networks of care to include
17 access for patients diagnosed with cancer to at least one
18 academic commission on cancer-accredited cancer program as an
19 in-network covered benefit.

20 Any medical or health care provider shall immediately
21 recommend, to any pregnant woman who is being provided
22 prenatal services and is suspected of having a substance use
23 disorder as defined in the Substance Use Disorder Act,
24 referral to a local substance use disorder treatment program
25 licensed by the Department of Human Services or to a licensed
26 hospital which provides substance abuse treatment services.

1 The Department of Healthcare and Family Services shall assure
2 coverage for the cost of treatment of the drug abuse or
3 addiction for pregnant recipients in accordance with the
4 Illinois Medicaid Program in conjunction with the Department
5 of Human Services.

6 All medical providers providing medical assistance to
7 pregnant women under this Code shall receive information from
8 the Department on the availability of services under any
9 program providing case management services for addicted women,
10 including information on appropriate referrals for other
11 social services that may be needed by addicted women in
12 addition to treatment for addiction.

13 The Illinois Department, in cooperation with the
14 Departments of Human Services (as successor to the Department
15 of Alcoholism and Substance Abuse) and Public Health, through
16 a public awareness campaign, may provide information
17 concerning treatment for alcoholism and drug abuse and
18 addiction, prenatal health care, and other pertinent programs
19 directed at reducing the number of drug-affected infants born
20 to recipients of medical assistance.

21 Neither the Department of Healthcare and Family Services
22 nor the Department of Human Services shall sanction the
23 recipient solely on the basis of her substance abuse.

24 The Illinois Department shall establish such regulations
25 governing the dispensing of health services under this Article
26 as it shall deem appropriate. The Department should seek the

1 advice of formal professional advisory committees appointed by
2 the Director of the Illinois Department for the purpose of
3 providing regular advice on policy and administrative matters,
4 information dissemination and educational activities for
5 medical and health care providers, and consistency in
6 procedures to the Illinois Department.

7 The Illinois Department may develop and contract with
8 Partnerships of medical providers to arrange medical services
9 for persons eligible under Section 5-2 of this Code.
10 Implementation of this Section may be by demonstration
11 projects in certain geographic areas. The Partnership shall be
12 represented by a sponsor organization. The Department, by
13 rule, shall develop qualifications for sponsors of
14 Partnerships. Nothing in this Section shall be construed to
15 require that the sponsor organization be a medical
16 organization.

17 The sponsor must negotiate formal written contracts with
18 medical providers for physician services, inpatient and
19 outpatient hospital care, home health services, treatment for
20 alcoholism and substance abuse, and other services determined
21 necessary by the Illinois Department by rule for delivery by
22 Partnerships. Physician services must include prenatal and
23 obstetrical care. The Illinois Department shall reimburse
24 medical services delivered by Partnership providers to clients
25 in target areas according to provisions of this Article and
26 the Illinois Health Finance Reform Act, except that:

1 (1) Physicians participating in a Partnership and
2 providing certain services, which shall be determined by
3 the Illinois Department, to persons in areas covered by
4 the Partnership may receive an additional surcharge for
5 such services.

6 (2) The Department may elect to consider and negotiate
7 financial incentives to encourage the development of
8 Partnerships and the efficient delivery of medical care.

9 (3) Persons receiving medical services through
10 Partnerships may receive medical and case management
11 services above the level usually offered through the
12 medical assistance program.

13 Medical providers shall be required to meet certain
14 qualifications to participate in Partnerships to ensure the
15 delivery of high quality medical services. These
16 qualifications shall be determined by rule of the Illinois
17 Department and may be higher than qualifications for
18 participation in the medical assistance program. Partnership
19 sponsors may prescribe reasonable additional qualifications
20 for participation by medical providers, only with the prior
21 written approval of the Illinois Department.

22 Nothing in this Section shall limit the free choice of
23 practitioners, hospitals, and other providers of medical
24 services by clients. In order to ensure patient freedom of
25 choice, the Illinois Department shall immediately promulgate
26 all rules and take all other necessary actions so that

1 provided services may be accessed from therapeutically
2 certified optometrists to the full extent of the Illinois
3 Optometric Practice Act of 1987 without discriminating between
4 service providers.

5 The Department shall apply for a waiver from the United
6 States Health Care Financing Administration to allow for the
7 implementation of Partnerships under this Section.

8 The Illinois Department shall require health care
9 providers to maintain records that document the medical care
10 and services provided to recipients of Medical Assistance
11 under this Article. Such records must be retained for a period
12 of not less than 6 years from the date of service or as
13 provided by applicable State law, whichever period is longer,
14 except that if an audit is initiated within the required
15 retention period then the records must be retained until the
16 audit is completed and every exception is resolved. The
17 Illinois Department shall require health care providers to
18 make available, when authorized by the patient, in writing,
19 the medical records in a timely fashion to other health care
20 providers who are treating or serving persons eligible for
21 Medical Assistance under this Article. All dispensers of
22 medical services shall be required to maintain and retain
23 business and professional records sufficient to fully and
24 accurately document the nature, scope, details and receipt of
25 the health care provided to persons eligible for medical
26 assistance under this Code, in accordance with regulations

1 promulgated by the Illinois Department. The rules and
2 regulations shall require that proof of the receipt of
3 prescription drugs, dentures, prosthetic devices and
4 eyeglasses by eligible persons under this Section accompany
5 each claim for reimbursement submitted by the dispenser of
6 such medical services. No such claims for reimbursement shall
7 be approved for payment by the Illinois Department without
8 such proof of receipt, unless the Illinois Department shall
9 have put into effect and shall be operating a system of
10 post-payment audit and review which shall, on a sampling
11 basis, be deemed adequate by the Illinois Department to assure
12 that such drugs, dentures, prosthetic devices and eyeglasses
13 for which payment is being made are actually being received by
14 eligible recipients. Within 90 days after September 16, 1984
15 (the effective date of Public Act 83-1439), the Illinois
16 Department shall establish a current list of acquisition costs
17 for all prosthetic devices and any other items recognized as
18 medical equipment and supplies reimbursable under this Article
19 and shall update such list on a quarterly basis, except that
20 the acquisition costs of all prescription drugs shall be
21 updated no less frequently than every 30 days as required by
22 Section 5-5.12.

23 Notwithstanding any other law to the contrary, the
24 Illinois Department shall, within 365 days after July 22, 2013
25 (the effective date of Public Act 98-104), establish
26 procedures to permit skilled care facilities licensed under

1 the Nursing Home Care Act to submit monthly billing claims for
2 reimbursement purposes. Following development of these
3 procedures, the Department shall, by July 1, 2016, test the
4 viability of the new system and implement any necessary
5 operational or structural changes to its information
6 technology platforms in order to allow for the direct
7 acceptance and payment of nursing home claims.

8 Notwithstanding any other law to the contrary, the
9 Illinois Department shall, within 365 days after August 15,
10 2014 (the effective date of Public Act 98-963), establish
11 procedures to permit ID/DD facilities licensed under the ID/DD
12 Community Care Act and MC/DD facilities licensed under the
13 MC/DD Act to submit monthly billing claims for reimbursement
14 purposes. Following development of these procedures, the
15 Department shall have an additional 365 days to test the
16 viability of the new system and to ensure that any necessary
17 operational or structural changes to its information
18 technology platforms are implemented.

19 The Illinois Department shall require all dispensers of
20 medical services, other than an individual practitioner or
21 group of practitioners, desiring to participate in the Medical
22 Assistance program established under this Article to disclose
23 all financial, beneficial, ownership, equity, surety or other
24 interests in any and all firms, corporations, partnerships,
25 associations, business enterprises, joint ventures, agencies,
26 institutions or other legal entities providing any form of

1 health care services in this State under this Article.

2 The Illinois Department may require that all dispensers of
3 medical services desiring to participate in the medical
4 assistance program established under this Article disclose,
5 under such terms and conditions as the Illinois Department may
6 by rule establish, all inquiries from clients and attorneys
7 regarding medical bills paid by the Illinois Department, which
8 inquiries could indicate potential existence of claims or
9 liens for the Illinois Department.

10 Enrollment of a vendor shall be subject to a provisional
11 period and shall be conditional for one year. During the
12 period of conditional enrollment, the Department may terminate
13 the vendor's eligibility to participate in, or may disenroll
14 the vendor from, the medical assistance program without cause.
15 Unless otherwise specified, such termination of eligibility or
16 disenrollment is not subject to the Department's hearing
17 process. However, a disenrolled vendor may reapply without
18 penalty.

19 The Department has the discretion to limit the conditional
20 enrollment period for vendors based upon category of risk of
21 the vendor.

22 Prior to enrollment and during the conditional enrollment
23 period in the medical assistance program, all vendors shall be
24 subject to enhanced oversight, screening, and review based on
25 the risk of fraud, waste, and abuse that is posed by the
26 category of risk of the vendor. The Illinois Department shall

1 establish the procedures for oversight, screening, and review,
2 which may include, but need not be limited to: criminal and
3 financial background checks; fingerprinting; license,
4 certification, and authorization verifications; unscheduled or
5 unannounced site visits; database checks; prepayment audit
6 reviews; audits; payment caps; payment suspensions; and other
7 screening as required by federal or State law.

8 The Department shall define or specify the following: (i)
9 by provider notice, the "category of risk of the vendor" for
10 each type of vendor, which shall take into account the level of
11 screening applicable to a particular category of vendor under
12 federal law and regulations; (ii) by rule or provider notice,
13 the maximum length of the conditional enrollment period for
14 each category of risk of the vendor; and (iii) by rule, the
15 hearing rights, if any, afforded to a vendor in each category
16 of risk of the vendor that is terminated or disenrolled during
17 the conditional enrollment period.

18 To be eligible for payment consideration, a vendor's
19 payment claim or bill, either as an initial claim or as a
20 resubmitted claim following prior rejection, must be received
21 by the Illinois Department, or its fiscal intermediary, no
22 later than 180 days after the latest date on the claim on which
23 medical goods or services were provided, with the following
24 exceptions:

25 (1) In the case of a provider whose enrollment is in
26 process by the Illinois Department, the 180-day period

1 shall not begin until the date on the written notice from
2 the Illinois Department that the provider enrollment is
3 complete.

4 (2) In the case of errors attributable to the Illinois
5 Department or any of its claims processing intermediaries
6 which result in an inability to receive, process, or
7 adjudicate a claim, the 180-day period shall not begin
8 until the provider has been notified of the error.

9 (3) In the case of a provider for whom the Illinois
10 Department initiates the monthly billing process.

11 (4) In the case of a provider operated by a unit of
12 local government with a population exceeding 3,000,000
13 when local government funds finance federal participation
14 for claims payments.

15 For claims for services rendered during a period for which
16 a recipient received retroactive eligibility, claims must be
17 filed within 180 days after the Department determines the
18 applicant is eligible. For claims for which the Illinois
19 Department is not the primary payer, claims must be submitted
20 to the Illinois Department within 180 days after the final
21 adjudication by the primary payer.

22 In the case of long term care facilities, within 45
23 calendar days of receipt by the facility of required
24 prescreening information, new admissions with associated
25 admission documents shall be submitted through the Medical
26 Electronic Data Interchange (MEDI) or the Recipient

1 Eligibility Verification (REV) System or shall be submitted
2 directly to the Department of Human Services using required
3 admission forms. Effective September 1, 2014, admission
4 documents, including all prescreening information, must be
5 submitted through MEDI or REV. Confirmation numbers assigned
6 to an accepted transaction shall be retained by a facility to
7 verify timely submittal. Once an admission transaction has
8 been completed, all resubmitted claims following prior
9 rejection are subject to receipt no later than 180 days after
10 the admission transaction has been completed.

11 Claims that are not submitted and received in compliance
12 with the foregoing requirements shall not be eligible for
13 payment under the medical assistance program, and the State
14 shall have no liability for payment of those claims.

15 To the extent consistent with applicable information and
16 privacy, security, and disclosure laws, State and federal
17 agencies and departments shall provide the Illinois Department
18 access to confidential and other information and data
19 necessary to perform eligibility and payment verifications and
20 other Illinois Department functions. This includes, but is not
21 limited to: information pertaining to licensure;
22 certification; earnings; immigration status; citizenship; wage
23 reporting; unearned and earned income; pension income;
24 employment; supplemental security income; social security
25 numbers; National Provider Identifier (NPI) numbers; the
26 National Practitioner Data Bank (NPDB); program and agency

1 exclusions; taxpayer identification numbers; tax delinquency;
2 corporate information; and death records.

3 The Illinois Department shall enter into agreements with
4 State agencies and departments, and is authorized to enter
5 into agreements with federal agencies and departments, under
6 which such agencies and departments shall share data necessary
7 for medical assistance program integrity functions and
8 oversight. The Illinois Department shall develop, in
9 cooperation with other State departments and agencies, and in
10 compliance with applicable federal laws and regulations,
11 appropriate and effective methods to share such data. At a
12 minimum, and to the extent necessary to provide data sharing,
13 the Illinois Department shall enter into agreements with State
14 agencies and departments, and is authorized to enter into
15 agreements with federal agencies and departments, including,
16 but not limited to: the Secretary of State; the Department of
17 Revenue; the Department of Public Health; the Department of
18 Human Services; and the Department of Financial and
19 Professional Regulation.

20 Beginning in fiscal year 2013, the Illinois Department
21 shall set forth a request for information to identify the
22 benefits of a pre-payment, post-adjudication, and post-edit
23 claims system with the goals of streamlining claims processing
24 and provider reimbursement, reducing the number of pending or
25 rejected claims, and helping to ensure a more transparent
26 adjudication process through the utilization of: (i) provider

1 data verification and provider screening technology; and (ii)
2 clinical code editing; and (iii) pre-pay, pre- or
3 post-adjudicated predictive modeling with an integrated case
4 management system with link analysis. Such a request for
5 information shall not be considered as a request for proposal
6 or as an obligation on the part of the Illinois Department to
7 take any action or acquire any products or services.

8 The Illinois Department shall establish policies,
9 procedures, standards and criteria by rule for the
10 acquisition, repair and replacement of orthotic and prosthetic
11 devices and durable medical equipment. Such rules shall
12 provide, but not be limited to, the following services: (1)
13 immediate repair or replacement of such devices by recipients;
14 and (2) rental, lease, purchase or lease-purchase of durable
15 medical equipment in a cost-effective manner, taking into
16 consideration the recipient's medical prognosis, the extent of
17 the recipient's needs, and the requirements and costs for
18 maintaining such equipment. Subject to prior approval, such
19 rules shall enable a recipient to temporarily acquire and use
20 alternative or substitute devices or equipment pending repairs
21 or replacements of any device or equipment previously
22 authorized for such recipient by the Department.
23 Notwithstanding any provision of Section 5-5f to the contrary,
24 the Department may, by rule, exempt certain replacement
25 wheelchair parts from prior approval and, for wheelchairs,
26 wheelchair parts, wheelchair accessories, and related seating

1 and positioning items, determine the wholesale price by
2 methods other than actual acquisition costs.

3 The Department shall require, by rule, all providers of
4 durable medical equipment to be accredited by an accreditation
5 organization approved by the federal Centers for Medicare and
6 Medicaid Services and recognized by the Department in order to
7 bill the Department for providing durable medical equipment to
8 recipients. No later than 15 months after the effective date
9 of the rule adopted pursuant to this paragraph, all providers
10 must meet the accreditation requirement.

11 In order to promote environmental responsibility, meet the
12 needs of recipients and enrollees, and achieve significant
13 cost savings, the Department, or a managed care organization
14 under contract with the Department, may provide recipients or
15 managed care enrollees who have a prescription or Certificate
16 of Medical Necessity access to refurbished durable medical
17 equipment under this Section (excluding prosthetic and
18 orthotic devices as defined in the Orthotics, Prosthetics, and
19 Pedorthics Practice Act and complex rehabilitation technology
20 products and associated services) through the State's
21 assistive technology program's reutilization program, using
22 staff with the Assistive Technology Professional (ATP)
23 Certification if the refurbished durable medical equipment:
24 (i) is available; (ii) is less expensive, including shipping
25 costs, than new durable medical equipment of the same type;
26 (iii) is able to withstand at least 3 years of use; (iv) is

1 cleaned, disinfected, sterilized, and safe in accordance with
2 federal Food and Drug Administration regulations and guidance
3 governing the reprocessing of medical devices in health care
4 settings; and (v) equally meets the needs of the recipient or
5 enrollee. The reutilization program shall confirm that the
6 recipient or enrollee is not already in receipt of same or
7 similar equipment from another service provider, and that the
8 refurbished durable medical equipment equally meets the needs
9 of the recipient or enrollee. Nothing in this paragraph shall
10 be construed to limit recipient or enrollee choice to obtain
11 new durable medical equipment or place any additional prior
12 authorization conditions on enrollees of managed care
13 organizations.

14 The Department shall execute, relative to the nursing home
15 prescreening project, written inter-agency agreements with the
16 Department of Human Services and the Department on Aging, to
17 effect the following: (i) intake procedures and common
18 eligibility criteria for those persons who are receiving
19 non-institutional services; and (ii) the establishment and
20 development of non-institutional services in areas of the
21 State where they are not currently available or are
22 undeveloped; and (iii) notwithstanding any other provision of
23 law, subject to federal approval, on and after July 1, 2012, an
24 increase in the determination of need (DON) scores from 29 to
25 37 for applicants for institutional and home and
26 community-based long term care; if and only if federal

1 approval is not granted, the Department may, in conjunction
2 with other affected agencies, implement utilization controls
3 or changes in benefit packages to effectuate a similar savings
4 amount for this population; and (iv) no later than July 1,
5 2013, minimum level of care eligibility criteria for
6 institutional and home and community-based long term care; and
7 (v) no later than October 1, 2013, establish procedures to
8 permit long term care providers access to eligibility scores
9 for individuals with an admission date who are seeking or
10 receiving services from the long term care provider. In order
11 to select the minimum level of care eligibility criteria, the
12 Governor shall establish a workgroup that includes affected
13 agency representatives and stakeholders representing the
14 institutional and home and community-based long term care
15 interests. This Section shall not restrict the Department from
16 implementing lower level of care eligibility criteria for
17 community-based services in circumstances where federal
18 approval has been granted.

19 The Illinois Department shall develop and operate, in
20 cooperation with other State Departments and agencies and in
21 compliance with applicable federal laws and regulations,
22 appropriate and effective systems of health care evaluation
23 and programs for monitoring of utilization of health care
24 services and facilities, as it affects persons eligible for
25 medical assistance under this Code.

26 The Illinois Department shall report annually to the

1 General Assembly, no later than the second Friday in April of
2 1979 and each year thereafter, in regard to:

3 (a) actual statistics and trends in utilization of
4 medical services by public aid recipients;

5 (b) actual statistics and trends in the provision of
6 the various medical services by medical vendors;

7 (c) current rate structures and proposed changes in
8 those rate structures for the various medical vendors; and

9 (d) efforts at utilization review and control by the
10 Illinois Department.

11 The period covered by each report shall be the 3 years
12 ending on the June 30 prior to the report. The report shall
13 include suggested legislation for consideration by the General
14 Assembly. The requirement for reporting to the General
15 Assembly shall be satisfied by filing copies of the report as
16 required by Section 3.1 of the General Assembly Organization
17 Act, and filing such additional copies with the State
18 Government Report Distribution Center for the General Assembly
19 as is required under paragraph (t) of Section 7 of the State
20 Library Act.

21 Rulemaking authority to implement Public Act 95-1045, if
22 any, is conditioned on the rules being adopted in accordance
23 with all provisions of the Illinois Administrative Procedure
24 Act and all rules and procedures of the Joint Committee on
25 Administrative Rules; any purported rule not so adopted, for
26 whatever reason, is unauthorized.

1 On and after July 1, 2012, the Department shall reduce any
2 rate of reimbursement for services or other payments or alter
3 any methodologies authorized by this Code to reduce any rate
4 of reimbursement for services or other payments in accordance
5 with Section 5-5e.

6 Because kidney transplantation can be an appropriate,
7 cost-effective alternative to renal dialysis when medically
8 necessary and notwithstanding the provisions of Section 1-11
9 of this Code, beginning October 1, 2014, the Department shall
10 cover kidney transplantation for noncitizens with end-stage
11 renal disease who are not eligible for comprehensive medical
12 benefits, who meet the residency requirements of Section 5-3
13 of this Code, and who would otherwise meet the financial
14 requirements of the appropriate class of eligible persons
15 under Section 5-2 of this Code. To qualify for coverage of
16 kidney transplantation, such person must be receiving
17 emergency renal dialysis services covered by the Department.
18 Providers under this Section shall be prior approved and
19 certified by the Department to perform kidney transplantation
20 and the services under this Section shall be limited to
21 services associated with kidney transplantation.

22 Notwithstanding any other provision of this Code to the
23 contrary, on or after July 1, 2015, all FDA approved forms of
24 medication assisted treatment prescribed for the treatment of
25 alcohol dependence or treatment of opioid dependence shall be
26 covered under both fee for service and managed care medical

1 assistance programs for persons who are otherwise eligible for
2 medical assistance under this Article and shall not be subject
3 to any (1) utilization control, other than those established
4 under the American Society of Addiction Medicine patient
5 placement criteria, (2) prior authorization mandate, or (3)
6 lifetime restriction limit mandate.

7 On or after July 1, 2015, opioid antagonists prescribed
8 for the treatment of an opioid overdose, including the
9 medication product, administration devices, and any pharmacy
10 fees or hospital fees related to the dispensing, distribution,
11 and administration of the opioid antagonist, shall be covered
12 under the medical assistance program for persons who are
13 otherwise eligible for medical assistance under this Article.
14 As used in this Section, "opioid antagonist" means a drug that
15 binds to opioid receptors and blocks or inhibits the effect of
16 opioids acting on those receptors, including, but not limited
17 to, naloxone hydrochloride or any other similarly acting drug
18 approved by the U.S. Food and Drug Administration.

19 Upon federal approval, the Department shall provide
20 coverage and reimbursement for all drugs that are approved for
21 marketing by the federal Food and Drug Administration and that
22 are recommended by the federal Public Health Service or the
23 United States Centers for Disease Control and Prevention for
24 pre-exposure prophylaxis and related pre-exposure prophylaxis
25 services, including, but not limited to, HIV and sexually
26 transmitted infection screening, treatment for sexually

1 transmitted infections, medical monitoring, assorted labs, and
2 counseling to reduce the likelihood of HIV infection among
3 individuals who are not infected with HIV but who are at high
4 risk of HIV infection.

5 A federally qualified health center, as defined in Section
6 1905(1)(2)(B) of the federal Social Security Act, shall be
7 reimbursed by the Department in accordance with the federally
8 qualified health center's encounter rate for services provided
9 to medical assistance recipients that are performed by a
10 dental hygienist, as defined under the Illinois Dental
11 Practice Act, working under the general supervision of a
12 dentist and employed by a federally qualified health center.

13 (Source: P.A. 100-201, eff. 8-18-17; 100-395, eff. 1-1-18;
14 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; 100-587, eff.
15 6-4-18; 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-974,
16 eff. 8-19-18; 100-1009, eff. 1-1-19; 100-1018, eff. 1-1-19;
17 100-1148, eff. 12-10-18; 101-209, eff. 8-5-19; 101-580, eff.
18 1-1-20; revised 9-18-19.)

19 (305 ILCS 5/5-41 new)

20 Sec. 5-41. Screening, Brief Intervention, and Referral to
21 Treatment.

22 As used in this Section, "SBIRT" means a comprehensive,
23 integrated, public health approach to the delivery of early
24 intervention and treatment services for persons who are at
25 risk of developing substance use disorders or have substance

1 use disorders including, but not limited to, an addiction to
2 alcohol, opioids, tobacco, or cannabis. SBIRT services include
3 all of the following:

4 (1) Screening to quickly assess the severity of
5 substance use and to identify the appropriate level of
6 treatment.

7 (2) Brief intervention focused on increasing insight
8 and awareness regarding substance use and motivation
9 toward behavioral change.

10 (3) Referral to treatment provided to those identified
11 as needing more extensive treatment with access to
12 specialty care.

13 SBIRT services may include, but are not limited to, the
14 following settings and programs: primary care centers,
15 hospital emergency rooms, hospital in-patient units, trauma
16 centers, community behavioral health programs, and other
17 community settings that provide opportunities for early
18 intervention with at-risk substance users before more severe
19 consequences occur.

20 The Department of Healthcare and Family Services shall
21 develop and seek federal approval of a SBIRT benefit for which
22 qualified providers shall be reimbursed under the medical
23 assistance program.

24 In conjunction with the Department of Human Services'
25 Division of Substance Use Prevention and Recovery, the
26 Department of Healthcare and Family Services may develop a

1 methodology and reimbursement rate for SBIRT services provided
2 by qualified providers in approved settings.

3 For opioid specific SBIRT services provided in a hospital
4 emergency department, the Department of Healthcare and Family
5 Services shall develop a bundled reimbursement methodology and
6 rate for a package of opioid treatment services, which include
7 initiation of medication for the treatment of opioid use
8 disorder in the emergency department setting, including
9 assessment, referral to ongoing care, and arranging access to
10 supportive services when necessary. This package of opioid
11 related services shall be billed on a separate claim and shall
12 be reimbursed outside of the Enhanced Ambulatory Patient
13 Grouping system."