

Sen. Donne E. Trotter

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Filed: 3/23/2004

09300SB2367sam002 LRB093 19989 DRJ 48988 a 1 AMENDMENT TO SENATE BILL 2367 2 AMENDMENT NO. . Amend Senate Bill 2367 by replacing 3 the title with the following: "AN ACT in relation to health."; and 4 by replacing everything after the enacting clause with the 6 7 following: 8 "Section 5. The Children's Health Insurance Program Act is amended by changing Section 40 as follows: 9 10 (215 ILCS 106/40) Sec. 40. Waivers. 11 (a) The Department shall request any necessary waivers of 12 federal requirements in order to allow receipt of federal 13 funding for: 14 (1) the coverage of families with eligible children 15 16 under this Act; and (2) for the coverage of children who would otherwise be 17 18 eligible under this Act, but who have health insurance. (b) The failure of the responsible federal agency to 19 approve a waiver for children who would otherwise be eligible 20 21 under this Act but who have health insurance shall not prevent the implementation of any Section of this Act provided that 22

there are sufficient appropriated funds.

(c) Eligibility of a person under an approved waiver due to

the relationship with a child pursuant to Article V of the 1 2 Illinois Public Aid Code or this Act shall be limited to such a 3 person whose countable income is determined by the Department to be at or below such income eligibility standard as the 4 5 Department by rule shall establish. The income level established by the Department shall not be below 90% of the 7 federal poverty level. Such persons who are determined to be 8 eligible must reapply, or otherwise establish eligibility, at least annually. An eligible person shall be required, as 9 10 determined by the Department by rule, to report promptly those and other circumstances that 11 changes in income eligibility. The eligibility of a person may be redetermined 12 based on the information reported or may be terminated based on 13 the failure to report or failure to report accurately. A person 14 15 may also be held liable to the Department for any payments made 16 the Department on such person's behalf that were inappropriate. An applicant shall be provided with notice of 17 these obligations. 18

- (d) Subject to specific appropriation, the Department
 shall provide outreach grants to community organizations to
 enroll families in the program under this Section.
- 22 (Source: P.A. 92-597, eff. 6-28-02; 93-63, eff. 6-30-03.)
- 23 Section 10. The Illinois Public Aid Code is amended by changing Section 5-5 as follows:
- 25 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

Sec. 5-5. Medical services. The Illinois Department, by
rule, shall determine the quantity and quality of and the rate
of reimbursement for the medical assistance for which payment
will be authorized, and the medical services to be provided,
which may include all or part of the following: (1) inpatient
hospital services; (2) outpatient hospital services; (3) other
laboratory and X-ray services; (4) skilled nursing home

services; (5) physicians' services whether furnished in the 1 2 office, the patient's home, a hospital, a skilled nursing home, 3 or elsewhere; (6) medical care, or any other type of remedial 4 care furnished by licensed practitioners; (7) home health care 5 services; (8) private duty nursing service; (9) clinic (10) dental services, including prevention and 6 services; 7 treatment of periodontal disease and dental caries disease for pregnant women; (11) physical therapy and related services; 8 (12) prescribed drugs, dentures, and prosthetic devices; and 9 10 eyeglasses prescribed by a physician skilled in the diseases of 11 the eye, or by an optometrist, whichever the person may select; other diagnostic, 12 (13)screening, preventive, rehabilitative services; (14) transportation and such other 13 expenses as may be necessary; (15) medical treatment of sexual 14 15 assault survivors, as defined in Section 1a of the Sexual Survivors Emergency Treatment Act, for injuries 16 Assault sustained as a result of the sexual assault, including 17 18 examinations and laboratory tests to discover evidence which 19 may be used in criminal proceedings arising from the sexual 20 assault; (16) the diagnosis and treatment of sickle cell 21 anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State, but not 22 23 including abortions, or induced miscarriages or premature 2.4 births, unless, in the opinion of a physician, such procedures 25 are necessary for the preservation of the life of the woman 26 seeking such treatment, or except an induced premature birth intended to produce a live viable child and such procedure is 27 28 necessary for the health of the mother or her unborn child. The 29 Illinois Department, by rule, shall prohibit any physician from providing medical assistance to anyone eligible therefor under 30 31 this Code where such physician has been found guilty of 32 performing an abortion procedure in a wilful and wanton manner 33 upon a woman who was not pregnant at the time such abortion procedure was performed. The term "any other type of remedial 34

care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

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

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

The Illinois Department of Public Aid shall provide the following services to persons eligible for assistance under this Article who are participating in education, training or employment programs operated by the Department of Human Services as successor to the Department of Public Aid:

- (1) dental services, which shall include but not be limited to prosthodontics; and
- (2) eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select.

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

The Illinois Department shall authorize the provision of, and shall authorize payment for, screening by low-dose mammography for the presence of occult breast cancer for women 35 years of age or older who are eligible for medical

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assistance under this Article, as follows: a baseline mammogram for women 35 to 39 years of age and an annual mammogram for women 40 years of age or older. All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool. As used in this Section, "low-dose mammography" means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, image receptor, and cassettes, with an average radiation exposure delivery of less than one rad mid-breast, with 2 views for each breast.

Any medical or health care provider shall immediately recommend, to any pregnant woman who is being provided prenatal services and is suspected of drug abuse or is addicted as defined in the Alcoholism and Other Drug Abuse and Dependency Act, referral to a local substance abuse treatment provider licensed by the Department of Human Services or to a licensed hospital which provides substance abuse treatment services. The Department of Public Aid shall assure coverage for the cost of treatment of the drug abuse or addiction for pregnant recipients in accordance with the Illinois Medicaid Program in conjunction with the Department of Human Services.

All medical providers providing medical assistance to pregnant women under this Code shall receive information from the Department on the availability of services under the Drug Free Families with a Future or any comparable program providing case management services for addicted women, including information on appropriate referrals for other social services that may be needed by addicted women in addition to treatment for addiction.

The Illinois Department, in cooperation with the Departments of Human Services (as successor to the Department of Alcoholism and Substance Abuse) and Public Health, through a

1 public awareness campaign, may provide information concerning

2 treatment for alcoholism and drug abuse and addiction, prenatal

3 health care, and other pertinent programs directed at reducing

the number of drug-affected infants born to recipients of

5 medical assistance.

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Neither the Illinois Department of Public Aid nor the Department of Human Services shall sanction the recipient solely on the basis of her substance abuse.

The Illinois Department shall establish such regulations governing the dispensing of health services under this Article as it shall deem appropriate. The Department should seek the advice of formal professional advisory committees appointed by the Director of the Illinois Department for the purpose of providing regular advice on policy and administrative matters, information dissemination and educational activities for medical and health care providers, and consistency in procedures to the Illinois Department.

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

The sponsor must negotiate formal written contracts with medical providers for physician services, inpatient and outpatient hospital care, home health services, treatment for alcoholism and substance abuse, and other services determined necessary by the Illinois Department by rule for delivery by Partnerships. Physician services must include prenatal and obstetrical care. The Illinois Department shall reimburse medical services delivered by Partnership providers to clients

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in target areas according to provisions of this Article and the Illinois Health Finance Reform Act, except that:

- (1) Physicians participating in a Partnership and providing certain services, which shall be determined by the Illinois Department, to persons in areas covered by the Partnership may receive an additional surcharge for such services.
- (2) The Department may elect to consider and negotiate financial incentives to encourage the development of Partnerships and the efficient delivery of medical care.
- (3) Persons receiving medical services through Partnerships may receive medical and case management services above the level usually offered through the medical assistance program.

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

Nothing in this Section shall limit the free choice of practitioners, hospitals, and other providers of medical services by clients. In order to ensure patient freedom of choice, the Illinois Department shall immediately promulgate all rules and take all other necessary actions so that provided services may be accessed from therapeutically certified optometrists to the full extent of the Illinois Optometric Practice Act of 1987 without discriminating between service providers.

The Department shall apply for a waiver from the United States Health Care Financing Administration to allow for the

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implementation of Partnerships under this Section.

shall Illinois Department require health care providers to maintain records that document the medical care and services provided to recipients of Medical Assistance under this Article. The Illinois Department shall require health care providers to make available, when authorized by the patient, in writing, the medical records in a timely fashion to other health care providers who are treating or serving persons eligible for Medical Assistance under this Article. All dispensers of medical services shall be required to maintain and retain business and professional records sufficient to fully and accurately document the nature, scope, details and receipt of the health care provided to persons eligible for medical assistance under this Code, in accordance with regulations promulgated by the Illinois Department. The rules and regulations shall require that proof of the receipt of drugs, dentures, prosthetic prescription devices eyeglasses by eligible persons under this Section accompany each claim for reimbursement submitted by the dispenser of such medical services. No such claims for reimbursement shall be approved for payment by the Illinois Department without such proof of receipt, unless the Illinois Department shall have put into effect and shall be operating a system of post-payment audit and review which shall, on a sampling basis, be deemed adequate by the Illinois Department to assure that such drugs, dentures, prosthetic devices and eyeglasses for which payment is being made are actually being received by eligible recipients. Within 90 days after the effective date of this amendatory Act of 1984, the Illinois Department shall establish a current list of acquisition costs for all prosthetic devices and any other items recognized as medical equipment and supplies reimbursable under this Article and shall update such list on a quarterly basis, except that the acquisition costs of all prescription drugs shall be updated no less frequently than

every 30 days as required by Section 5-5.12.

The rules and regulations of the Illinois Department shall require that a written statement including the required opinion of a physician shall accompany any claim for reimbursement for abortions, or induced miscarriages or premature births. This statement shall indicate what procedures were used in providing such medical services.

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

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

Enrollment of a vendor that provides non-emergency medical transportation, defined by the Department by rule, shall be conditional for 180 days. During that time, the Department of Public Aid may terminate the vendor's eligibility to participate in the medical assistance program without cause. That termination of eligibility is not subject to the Department's hearing process.

The Illinois Department shall establish policies, procedures, standards and criteria by rule for the acquisition, repair and replacement of orthotic and prosthetic devices and

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durable medical equipment. Such rules shall provide, but not be limited to, the following services: (1) immediate repair or replacement of such devices by recipients without medical authorization; and (2) rental, lease, purchase orlease-purchase of durable medical equipment а cost-effective manner, taking into consideration the recipient's medical prognosis, the extent of the recipient's needs, and the requirements and costs for maintaining such equipment. Such rules shall enable a recipient to temporarily acquire and use alternative or substitute devices or equipment pending repairs or replacements of any device or equipment previously authorized for such recipient by the Department. Rules under clause (2) above shall not provide for purchase or lease-purchase of durable medical equipment or supplies used for the purpose of oxygen delivery and respiratory care.

The Department shall execute, relative to the nursing home prescreening project, written inter-agency agreements with the Department of Human Services and the Department on Aging, to effect the following: (i) intake procedures and common eligibility criteria for those persons who are receiving non-institutional services; and (ii) the establishment and development of non-institutional services in areas of the State where they are not currently available or are undeveloped.

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

The Illinois Department shall report annually to the General Assembly, no later than the second Friday in April of 1979 and each year thereafter, in regard to:

(a) actual statistics and trends in utilization of

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medical services by public aid recipients; 1

- (b) actual statistics and trends in the provision of 3 the various medical services by medical vendors;
 - (c) current rate structures and proposed changes in those rate structures for the various medical vendors; and
- (d) efforts at utilization review and control by the 6 7 Illinois Department.

The period covered by each report shall be the 3 years 8 ending on the June 30 prior to the report. The report shall 9 10 include suggested legislation for consideration by the General Assembly. The filing of one copy of the report with the 11 Speaker, one copy with the Minority Leader and one copy with 12 the Clerk of the House of Representatives, one copy with the 13 14 President, one copy with the Minority Leader and one copy with 15 the Secretary of the Senate, one copy with the Legislative Research Unit, and such additional copies with the State 16 Government Report Distribution Center for the General Assembly 17 18 as is required under paragraph (t) of Section 7 of the State Library Act shall be deemed sufficient to comply with this 19 20 Section.

(Source: P.A. 92-16, eff. 6-28-01; 92-651, eff. 7-11-02; 21

92-789, eff. 8-6-02; 93-632, eff. 2-1-04.)". 22