

## 96TH GENERAL ASSEMBLY State of Illinois 2009 and 2010 HB0489

Introduced 2/4/2009, by Rep. Elizabeth Hernandez

## SYNOPSIS AS INTRODUCED:

40 ILCS 5/24-102 40 ILCS 5/24-104.5 new 215 ILCS 106/31 new 215 ILCS 170/41 new 305 ILCS 5/5-5 from Ch. 108 1/2, par. 24-102

from Ch. 23, par. 5-5

Amends the Illinois Pension Code, the Children's Health Insurance Program Act, the Covering ALL KIDS Health Insurance Act, and the Public Aid Code. Allows a medical or health care provider who participates under the Children's Health Insurance Program Act, the Covering ALL KIDS Health Insurance Act, or the Public Aid Code to elect, in lieu of receiving direct payment for goods or services provided, to participate in the health care provider deferred compensation plan. Requires the State Board of Investment to develop and establish and the Department of Central Management Services to administer a deferred compensation plan for health care providers under the same terms and conditions as the State Employee Deferred Compensation Plan. Provides that a medical or health care provider who elects to participate in the plan does not have a cause of action against the State for any damages allegedly suffered by the provider as a result of any delay by the State in crediting the amount of any contribution to the provider's plan account. Effective January 1, 2010.

LRB096 04643 AMC 14702 b

FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning deferred compensation.

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

- Section 5. The Illinois Pension Code is amended by changing

  Section 24-102 and by adding Section 24-104.5 as follows:
- 6 (40 ILCS 5/24-102) (from Ch. 108 1/2, par. 24-102)
- Sec. 24-102. As used in this Article, "employee" means any 7 8 person, including a person elected, appointed or under 9 contract, receiving compensation from the State or a unit of local government or school district for personal services 10 11 rendered, including salaried persons. A health care provider 12 who elects to participate in the health care provider deferred compensation plan established under Section 24-104.5 of this 13 14 Code shall, for purposes of that participation, be deemed an "employee" as defined in this Section. 15
  - As used in this Article, "compensation" includes compensation received in a lump sum for accumulated unused vacation, personal leave or sick leave.
  - In no event shall the total of the amount of deferred compensation of an employee set aside in relation to a particular year under the Illinois State Employees Deferred Compensation Plan and the employee's nondeferred compensation for that year exceed the total annual salary or compensation

- 1 under the existing salary schedule or classification plan
- 2 applicable to such employee in such year; except that any
- 3 compensation received in a lump sum for accumulated unused
- 4 vacation, personal leave or sick leave shall not be included in
- 5 the calculation of such totals.
- 6 (Source: P.A. 84-878.)
- 7 (40 ILCS 5/24-104.5 new)
- 8 Sec. 24-104.5. Health care provider deferred compensation
- 9 plan. The State Board of Investment shall develop and establish
- 10 and the Department of Central Management Services shall
- 11 administer a deferred compensation plan for health care
- 12 providers under the same terms and conditions as the State
- 13 Employee Deferred Compensation Plan established under this
- 14 Article.
- Moneys from this plan may not be commingled with moneys
- from the State employees deferred compensation plan.
- For the purposes of this Section, "health care provider"
- 18 means a dentist, physician, optometrist, pharmacist, or
- 19 podiatrist that participates and receives compensation as a
- 20 provider under the Illinois Public Aid Code, the Children's
- 21 Health Insurance Act, or the Covering ALL KIDS Health Insurance
- 22 Act.
- Section 10. The Children's Health Insurance Program Act is
- amended by adding Section 31 as follows:

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(215 ILCS 106/31 new) 1

Sec. 31. Health care provider deferred compensation plan. Notwithstanding any other provision of law, a medical or health care provider who participates under the Program may elect, in lieu of receiving direct payment for goods or services provided under the Program, to participate in the health care provider deferred compensation plan adopted under Article 24 of the Illinois Pension Code. A medical or health care provider who elects to participate in the plan does not have a cause of action against the State for any damages allegedly suffered by the provider as a result of any delay by the State in crediting the amount of any contribution to the provider's plan account.

Section 15. The Covering ALL KIDS Health Insurance Act is amended by adding Section 41 as follows:

15 (215 ILCS 170/41 new)

> Sec. 41. Health care provider deferred compensation plan. Notwithstanding any other provision of law, a medical or health care provider who participates under the Program may elect, in lieu of receiving direct payment for goods or services provided under the Program, to participate in the health care provider deferred compensation plan adopted under Article 24 of the Illinois Pension Code. A medical or health care provider who elects to participate in the plan does not have a cause of

- 1 <u>action against the State for any damages allegedly suffered by</u>
- 2 the provider as a result of any delay by the State in crediting
- 3 the amount of any contribution to the provider's plan account.
- Section 20. The Illinois Public Aid Code is amended by changing Section 5-5 as follows:
- 6 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

7 Sec. 5-5. Medical services. The Illinois Department, by 8 rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment 9 10 will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient 11 12 hospital services; (2) outpatient hospital services; (3) other 13 laboratory and X-ray services; (4) skilled nursing home 14 services; (5) physicians' services whether furnished in the 15 office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial 16 care furnished by licensed practitioners; (7) home health care 17 private duty nursing service; (9) clinic 18 services; (8) (10) dental services, including prevention and 19 services; 20 treatment of periodontal disease and dental caries disease for 21 pregnant women; (11) physical therapy and related services; (12) prescribed drugs, dentures, and prosthetic devices; and 22 23 eyeglasses prescribed by a physician skilled in the diseases of 24 the eye, or by an optometrist, whichever the person may select;

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diagnostic, other screening, preventive, and rehabilitative services; (14) transportation and such other expenses as may be necessary; (15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State, but not including abortions, or induced miscarriages or premature births, unless, in the opinion of a physician, such procedures are necessary for the preservation of the life of the woman seeking such treatment, or except an induced premature birth intended to produce a live viable child and such procedure is necessary for the health of the mother or her unborn child. The Illinois Department, by rule, shall prohibit any physician from providing medical assistance to anyone eligible therefor under this Code where such physician has been found guilty of performing an abortion procedure in a wilful and wanton manner upon a woman who was not pregnant at the time such abortion procedure was performed. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

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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 eliqible 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 Department of Healthcare and Family Services shall 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.
- 26 The Illinois Department, by rule, may distinguish and

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classify the medical services to be provided only in accordance with the classes of persons designated in Section 5-2.

The Department of Healthcare and Family Services must provide coverage and reimbursement for amino acid-based elemental formulas, regardless of delivery method, for the diagnosis and treatment of (i) eosinophilic disorders and (ii) short bowel syndrome when the prescribing physician has issued a written order stating that the amino acid-based elemental formula is medically necessary.

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 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

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services and is suspected of drug abuse or is addicted as

recommend, to any pregnant woman who is being provided prenatal

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.

7 The Department of Healthcare and Family Services 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

11 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 public awareness campaign, may provide information concerning treatment for alcoholism and drug abuse and addiction, prenatal health care, and other pertinent programs directed at reducing the number of drug-affected infants born to recipients of

- medical assistance.
- Neither the Department of Healthcare and Family Services nor the Department of Human Services shall sanction the
- 4 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.
    - Notwithstanding any other provision of law, a medical or health care provider under the medical assistance program may elect, in lieu of receiving direct payment for goods or services provided under that program, to participate in the health care provider deferred compensation plan adopted under Article 24 of the Illinois Pension Code. A medical or health care provider who elects to participate in the plan does not have a cause of action against the State for any damages allegedly suffered by the provider as a result of any delay by the State in crediting the amount of any contribution to the provider's plan account.
    - The Illinois Department may develop and contract with Partnerships of medical providers to arrange medical services

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- 1 for persons eligible under Section 5-2 of this Code.
- 2 Implementation of this Section may be by demonstration projects
- 3 in certain geographic areas. The Partnership shall be
- 4 represented by a sponsor organization. The Department, by rule,
- 5 shall develop qualifications for sponsors of Partnerships.
- 6 Nothing in this Section shall be construed to require that the
- 7 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 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

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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 medical of high quality services. qualifications shall be determined by rule of the Illinois Department 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 implementation of Partnerships under this Section.

The Illinois Department shall require health care providers to maintain records that document the medical care

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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 prescription drugs, dentures, prosthetic 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 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

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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 Healthcare and Family Services 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 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; (2) rental, lease, and purchase or durable of medical lease-purchase equipment in а cost-effective manner, taking into consideration 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.

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 medical services by public aid recipients;
- (b) actual statistics and trends in the provision of 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 Illinois Department.
- The period covered by each report shall be the 3 years

ending on the June 30 prior to the report. The report shall 1 2 include suggested legislation for consideration by the General Assembly. The filing of one copy of the report with the 3 Speaker, one copy with the Minority Leader and one copy with 5 the Clerk of the House of Representatives, one copy with the 6 President, one copy with the Minority Leader and one copy with 7 the Secretary of the Senate, one copy with the Legislative 8 Research Unit, and such additional copies with the State 9 Government Report Distribution Center for the General Assembly 10 as is required under paragraph (t) of Section 7 of the State 11 Library Act shall be deemed sufficient to comply with this 12 Section.

(Source: P.A. 95-331, eff. 8-21-07; 95-520, eff. 8-28-07.)

Section 99. Effective date. This Act takes effect January

15 1, 2010.

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