



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB4341

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.37 new

225 ILCS 60/4

225 ILCS 65/50-15

305 ILCS 5/5-5

from Ch. 111, par. 4400-4

was 225 ILCS 65/5-15

from Ch. 23, par. 5-5

Creates the Home Birth Safety Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation. Creates the Illinois Midwifery Board. Sets forth provisions concerning qualifications, grounds for disciplinary action, and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2027. Amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes. Effective July 1, 2016.

LRB099 14629 MLM 38770 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

HOME RULE NOTE
ACT MAY APPLY

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the Home
5 Birth Safety Act.

6 Section 5. Purpose. The practice of midwifery in
7 out-of-hospital settings is hereby declared to affect the
8 public health, safety, and welfare and to be subject to
9 regulation in the public interest. The purpose of this Act is
10 to protect and benefit the public by setting standards for the
11 qualifications, education, training, and experience of those
12 who seek to obtain licensure and hold the title of licensed
13 midwife, to promote high standards of professional performance
14 for those licensed to practice midwifery in out-of-hospital
15 settings in this State, and to protect the public from
16 unprofessional conduct by persons licensed to practice
17 midwifery, as defined in this Act. This Act shall be liberally
18 construed to best carry out these purposes.

19 Section 10. Exemptions.

20 (a) This Act does not prohibit a person licensed under any
21 other Act in this State from engaging in the practice for which
22 he or she is licensed or from delegating services as provided

1 for under that other Act.

2 (b) Nothing in this Act shall be construed to prohibit or
3 require licensing under this Act, with regard to:

4 (1) the gratuitous rendering of services;

5 (2) the rendering of services by a person, if such
6 attendance is in accordance with the person's religious
7 faith and is rendered to persons with a similar religious
8 faith as an exercise and enjoyment of their religious
9 freedom; and

10 (3) a student midwife working under the direction of a
11 licensed midwife.

12 (c) Nothing in this Act abridges, limits, or changes in any
13 way the right of parents to deliver their baby where, when,
14 how, and with whom they choose, regardless of licensure under
15 this Act.

16 Section 15. Definitions. In this Act:

17 "Board" means the Illinois Midwifery Board.

18 "Certified professional midwife" or "CPM" means a person
19 who has met the standards for certification set by the North
20 American Registry of Midwives and has been awarded the
21 Certified Professional Midwife credential.

22 "Department" means the Department of Financial and
23 Professional Regulation.

24 "International Confederation of Midwives" means the
25 organization that sets global standards for the education and

1 autonomous practice of midwifery.

2 "Licensed midwife" means a person who has been granted a
3 license under this Act to engage in the practice of midwifery.

4 "Midwifery Bridge Certificate" means the certificate
5 issued by NARM based upon completion of accredited continuing
6 education specific to content in emergency skills for
7 pregnancy, birth, and newborn care, along with other midwifery
8 topics addressing the core competencies of the International
9 Confederation of Midwives.

10 "Midwifery Education and Accreditation Council" or "MEAC"
11 means the nationally-recognized accrediting agency that
12 establishes standards for the education of direct-entry
13 midwifery in the United States.

14 "National Association of Certified Professional Midwives"
15 means the professional organization, or its successor, that
16 promotes the growth and development of the profession of
17 certified professional midwives.

18 "North American Registry of Midwives" or "NARM" means the
19 accredited international agency, or its successor, that has
20 established and has continued to administer certification for
21 the credentialing of certified professional midwives.

22 "Practice of midwifery" means providing the necessary
23 supervision, care, education, and advice to pregnant people
24 during the antepartum, intrapartum, and postpartum period,
25 conducting deliveries independently, and caring for the
26 newborn, with such care including without limitation

1 preventative measures, the detection of abnormal conditions in
2 the mother and the child, the procurement of medical
3 assistance, and the execution of emergency measures in the
4 absence of medical help. "Practice of midwifery" includes
5 non-prescriptive family planning and basic well-woman care.

6 "Secretary" means the Secretary of Financial and
7 Professional Regulation.

8 Section 20. Unlicensed practice. Beginning January 1,
9 2017, no person may practice, attempt to practice, or hold
10 himself or herself out to practice as a licensed midwife unless
11 he or she is licensed as a midwife under this Act.

12 Section 25. Title. A licensed midwife may identify himself
13 or herself as a "licensed midwife" and may use the abbreviation
14 L.M.

15 Section 30. Informed consent.

16 (a) A licensed midwife shall, at an initial consultation
17 with a client, provide a copy of the rules under this Act and
18 disclose to the client orally and in writing all of the
19 following:

20 (1) The licensed midwife's experience and training.

21 (2) Whether the licensed midwife has malpractice
22 liability insurance coverage and the policy limits of any
23 such coverage.

1 (3) A written protocol for the handling of medical
2 emergencies, including transportation to a hospital,
3 particular to each client.

4 (b) A copy of the informed consent document, signed and
5 dated by the client, must be kept in each client's chart.

6 Section 33. Vicarious liability. No physician licensed to
7 practice medicine in all its branches or advanced practice
8 nurse shall be held liable for an injury solely resulting from
9 an act or omission by a licensed midwife.

10 Except as may otherwise be provided by law, nothing in this
11 Section shall exempt any physician licensed to practice
12 medicine in all its branches or advanced practice nurse from
13 liability for his or her own negligent, grossly negligent, or
14 willful or wanton acts or omissions.

15 Section 35. Advertising.

16 (a) Any person licensed under this Act may advertise the
17 availability of professional midwifery services in the public
18 media or on premises where professional services are rendered,
19 if the advertising is truthful and not misleading and is in
20 conformity with any rules regarding the practice of a licensed
21 midwife.

22 (b) A licensee must include in every advertisement for
23 midwifery services regulated under this Act his or her title as
24 it appears on the license or the initials authorized under this

1 Act.

2 Section 40. Powers and duties of the Department; rules.

3 (a) The Department shall exercise the powers and duties
4 prescribed by the Civil Administrative Code of Illinois for the
5 administration of licensing Acts and shall exercise such other
6 powers and duties necessary for effectuating the purposes of
7 this Act.

8 (b) The Secretary shall adopt rules consistent with the
9 provisions of this Act for the administration and enforcement
10 of the Act and for the payment of fees connected to the Act and
11 may prescribe forms that shall be issued in connection with the
12 Act.

13 (c) Rules adopted by the Department must provide for the
14 following:

15 (1) The scope of practice and services provided and the
16 use of equipment, procedures, and medications, including
17 the creation of a formulary of allowable drugs and
18 procedures for use by a licensed midwife which are
19 determined by the Department to be necessarily available in
20 order to assure the health and safety of the mother and
21 newborn and are in keeping with current midwifery
22 standards. All rules for equipment, procedures, and
23 medications may be updated as the Department deems
24 necessary to be in keeping with changing standards.

25 (2) The issuance of temporary licenses to practice

1 midwifery pending qualification for licensure.

2 (d) The rules adopted by the Department under this Section
3 may not:

4 (1) require a licensed midwife to practice midwifery
5 under the supervision of another health care provider;

6 (2) require a licensed midwife to enter into a written
7 agreement with another health care provider;

8 (3) limit the location where a licensed midwife may
9 practice midwifery; or

10 (4) permit a licensed midwife to do any of the
11 following:

12 (A) administer prescription pharmacological agents
13 intended to induce or augment labor;

14 (B) administer prescription pharmacological agents
15 to provide pain management;

16 (C) use vacuum extractors or forceps;

17 (D) prescribe medications; or

18 (E) perform major surgical procedures, including,
19 but not limited to, abortions, caesarean sections, and
20 circumcisions.

21 (e) With regards to Medicaid reimbursement, no rules
22 prescribed by the Department shall require the licensed midwife
23 to carry liability insurance in order to be reimbursed by the
24 State as a Medicaid provider.

25 (f) The Department shall consult with the Board in adopting
26 rules. Notice of proposed rulemaking shall be transmitted to

1 the Board and the Department shall review the Board's response
2 and any recommendations made. The Department shall notify the
3 Board in writing with proper explanation of deviations from the
4 Board's recommendations and responses.

5 (g) The Department may at any time seek the advice and the
6 expert knowledge of the Board on any matter relating to the
7 administration of this Act.

8 (h) The Department shall issue quarterly a report to the
9 Board of the status of all complaints related to the profession
10 filed with the Department.

11 (i) Administration by the Department of this Act must be
12 consistent with standards regarding the practice of midwifery
13 established by the National Association of Certified
14 Professional Midwives or a successor organization whose
15 essential documents include without limitation subject matter
16 concerning scope of practice, standards of practice, informed
17 consent, appropriate consultation, collaboration or referral,
18 and acknowledgement of a woman's right to self-determination
19 concerning her maternity care.

20 Section 45. Illinois Midwifery Board.

21 (a) There is created under the authority of the Department
22 the Illinois Midwifery Board, which shall consist of 5 members
23 appointed by the Secretary, 3 of whom shall be licensed
24 midwives who carry the CPM credential, except that initial
25 appointees must have at least 3 years of experience in the

1 practice of midwifery in an out-of-hospital setting, be
2 certified by the North American Registry of Midwives, and meet
3 the qualifications for licensure set forth in this Act; one of
4 whom shall be a licensed obstetrician or a family practice
5 physician or certified nurse midwife who has a minimum of 2
6 years of experience providing home birth services; and one of
7 whom shall be a knowledgeable public member who has given birth
8 with the assistance of a certified professional midwife in an
9 out-of-hospital birth setting. A physician or certified nurse
10 midwife who has a minimum of 2 years' experience consulting or
11 collaborating with a home birth provider may stand in
12 substitution if the criteria for physician or certified nurse
13 midwife Board members cannot be met. Board members shall serve
14 4-year terms, except that in the case of initial appointments,
15 terms shall be staggered as follows: 3 members shall serve for
16 4 years, and 2 members shall serve for 2 years. The Board shall
17 annually elect a chairperson and vice chairperson.

18 (b) Any appointment made to fill a vacancy shall be for the
19 unexpired portion of the term. Appointments to fill vacancies
20 shall be made in the same manner as original appointments. No
21 Board member may be reappointed for a term that would cause his
22 or her continuous service on the Board to exceed 9 years.

23 (c) Board membership must have reasonable representation
24 from different geographic areas of this State.

25 (d) The members of the Board may be reimbursed for all
26 legitimate, necessary, and authorized expenses incurred in

1 attending the meetings of the Board.

2 (e) The Secretary may remove any member of the Board for
3 misconduct, incapacity, or neglect of duty at any time prior to
4 the expiration of his or her term.

5 (f) Three Board members shall constitute a quorum. A
6 vacancy in the membership of the Board shall not impair the
7 right of a quorum to perform all of the duties of the Board.

8 (g) The Board shall provide the Department with
9 recommendations concerning the administration of this Act and
10 may perform each of the following duties:

11 (1) Recommend to the Department the prescription and,
12 from time to time, the revision of any rules that may be
13 necessary to carry out the provisions of this Act,
14 including those that are designed to protect the health,
15 safety, and welfare of the public.

16 (2) Conduct hearings and disciplinary conferences on
17 disciplinary charges of licensees.

18 (3) Report to the Department, upon completion of a
19 hearing, the disciplinary actions recommended to be taken
20 against a person found in violation of this Act.

21 (4) Recommend the approval, denial of approval, and
22 withdrawal of approval of required education and
23 continuing educational programs.

24 (h) The Secretary shall give due consideration to all
25 recommendations of the Board. If the Secretary takes action
26 contrary to a recommendation of the Board, the Secretary must

1 promptly provide a written explanation of that action.

2 (i) The Board may recommend to the Secretary that one or
3 more licensed midwives be selected by the Secretary to assist
4 in any investigation under this Act. Compensation shall be
5 provided to any licensee who provides assistance under this
6 subsection (i), in an amount determined by the Secretary.

7 (j) Members of the Board shall be immune from suit in an
8 action based upon a disciplinary proceeding or other activity
9 performed in good faith as a member of the Board, except for
10 willful or wanton misconduct.

11 (k) Members of the Board may participate in and act at any
12 meeting of the Illinois Midwifery Board through the use of any
13 real-time internet or telephone communication media, by means
14 of which all persons participating in the meeting can
15 communicate with each other. Participation in such meeting
16 shall constitute attendance and presence in person at the
17 meeting of the person or persons so participating.

18 Section 50. Qualifications.

19 (a) A person is qualified for licensure as a midwife if he
20 or she has received certification and holds a valid CPM
21 credential granted by NARM. In addition to earning his or her
22 CPM credential: (1) a CPM certified before January 1, 2020 who
23 has obtained certification through an educational pathway not
24 accredited by MEAC must earn and submit a Midwifery Bridge
25 Certificate issued by NARM or (2) a CPM certified after January

1 1, 2020 must have completed an educational program or pathway
2 accredited by MEAC.

3 (b) A CPM who has maintained licensure in a state that does
4 not require an accredited education shall submit a Midwifery
5 Bridge Certificate regardless of the date of their
6 certification.

7 (c) An applicant for licensure who is a CPM applying in the
8 first 3 months that licensure is available shall be issued a
9 temporary license and shall have 18 months to earn and submit a
10 completed Midwifery Bridge Certificate.

11 Section 55. Social Security Number on application. In
12 addition to any other information required to be contained in
13 the application, every application for an original, renewal,
14 reinstated, or restored license under this Act shall include
15 the applicant's Social Security Number.

16 Section 60. Renewal of licensure.

17 (a) Licensed midwives shall renew their license biannually
18 at the discretion of the Department.

19 (b) Rules adopted under this Act shall require the licensed
20 midwife to maintain CPM certification by meeting all the
21 continuing education requirements and other requirements set
22 forth by the North American Registry of Midwives.

23 Section 65. Inactive status.

1 (a) A licensed midwife who notifies the Department in
2 writing on forms prescribed by the Department may elect to
3 place his or her license on an inactive status and shall be
4 excused from payment of renewal fees until he or she notifies
5 the Department in writing of his or her intent to restore the
6 license.

7 (b) A licensed midwife whose license is on inactive status
8 may not practice licensed midwifery in the State of Illinois.

9 (c) A licensed midwife requesting restoration from
10 inactive status shall be required to pay the current renewal
11 fee and to restore his or her license, as provided by the
12 Department.

13 (d) Any licensee who engages in the practice of midwifery
14 while his or her license is lapsed or on inactive status shall
15 be considered to be practicing without a license, which shall
16 be grounds for discipline.

17 Section 70. Renewal, reinstatement, or restoration of
18 licensure; military service.

19 (a) The expiration date and renewal period for each license
20 issued under this Act shall be set by the Department.

21 (b) All renewal applicants shall provide proof of having
22 maintained CPM certification by meeting continuing education
23 requirements and other requirements set forth by the North
24 American Registry of Midwives.

25 (c) Any licensed midwife who has permitted his or her

1 license to expire or who has had his or her license on inactive
2 status may have his or her license restored by making
3 application to the Department and filing proof acceptable to
4 the Department of fitness to have the license restored and by
5 paying the required fees. Proof of fitness may include evidence
6 attesting to active lawful practice in another jurisdiction.

7 (d) The Department shall determine, by an evaluation
8 program, fitness for restoration of a license under this
9 Section and shall establish procedures and requirements for
10 restoration.

11 (e) Any licensed midwife whose license expired while he or
12 she was (i) in federal service on active duty with the Armed
13 Forces of the United States or the State Militia and called
14 into service or training or (ii) received education under the
15 supervision of the United States preliminary to induction into
16 the military service may have his or her license restored
17 without paying any lapsed renewal fees, if, within 2 years
18 after honorable termination of service, training, or
19 education, he or she furnishes the Department with satisfactory
20 evidence to the effect that he or she has been so engaged.

21 Section 75. Roster. The Department shall maintain a roster
22 of the names and addresses of all licensees and of all persons
23 whose licenses have been suspended or revoked. This roster
24 shall be available upon written request and payment of the
25 required fee.

1 Section 80. Fees.

2 (a) The Department shall provide for a schedule of fees for
3 the administration and enforcement of this Act, including
4 without limitation original licensure, renewal, and
5 restoration, which fees shall be nonrefundable.

6 (b) All fees collected under this Act shall be deposited
7 into the General Professions Dedicated Fund and appropriated to
8 the Department for the ordinary and contingent expenses of the
9 Department in the administration of this Act.

10 Section 85. Returned checks; fines. Any person who delivers
11 a check or other payment to the Department that is returned to
12 the Department unpaid by the financial institution upon which
13 it is drawn shall pay to the Department, in addition to the
14 amount already owed to the Department, a fine of \$50. The fines
15 imposed by this Section are in addition to any other discipline
16 provided under this Act for unlicensed practice or practice on
17 a non-renewed license. The Department shall notify the person
18 that fees and fines shall be paid to the Department by
19 certified check or money order within 30 calendar days after
20 the notification. If, after the expiration of 30 days from the
21 date of the notification, the person has failed to submit the
22 necessary remittance, the Department shall automatically
23 terminate the license or deny the application, without hearing.
24 If, after termination or denial, the person seeks a license, he

1 or she shall apply to the Department for restoration or
2 issuance of the license and pay all fees and fines due to the
3 Department. The Department may establish a fee for the
4 processing of an application for restoration of a license to
5 defray all expenses of processing the application. The
6 Secretary may waive the fines due under this Section in
7 individual cases where the Secretary finds that the fines would
8 be unreasonable or unnecessarily burdensome.

9 Section 90. Unlicensed practice; civil penalty. Any person
10 who practices, offers to practice, attempts to practice, or
11 holds himself or herself out to practice midwifery or as a
12 midwife without being licensed under this Act shall, in
13 addition to any other penalty provided by law, pay a civil
14 penalty to the Department in an amount not to exceed \$5,000 for
15 each offense, as determined by the Department. The civil
16 penalty shall be assessed by the Department after a hearing is
17 held in accordance with the provisions set forth in this Act
18 regarding the provision of a hearing for the discipline of a
19 licensee. The civil penalty shall be paid within 60 days after
20 the effective date of the order imposing the civil penalty. The
21 order shall constitute a judgment and may be filed and
22 execution had thereon in the same manner as any judgment from
23 any court of record. The Department may investigate any
24 unlicensed activity.

1 Section 95. Grounds for disciplinary action.

2 (a) The Department may refuse to issue or to renew or may
3 revoke, suspend, place on probation, reprimand or take other
4 disciplinary action as the Department may deem proper,
5 including fines not to exceed \$5,000 for each violation, with
6 regard to any licensee or license for any one or combination of
7 the following causes:

8 (1) Violations of this Act or its rules.

9 (2) Material misstatement in furnishing information to
10 the Department.

11 (3) Conviction of any crime under the laws of any U.S.
12 jurisdiction that is (i) a felony, (ii) a misdemeanor, an
13 essential element of which is dishonesty, or (iii) directly
14 related to the practice of the profession.

15 (4) Making any misrepresentation for the purpose of
16 obtaining a license.

17 (5) Professional incompetence or gross negligence.

18 (6) Gross malpractice.

19 (7) Aiding or assisting another person in violating any
20 provision of this Act or its rules.

21 (8) Failing to provide information within 60 days in
22 response to a written request made by the Department.

23 (9) Engaging in dishonorable, unethical, or
24 unprofessional conduct of a character likely to deceive,
25 defraud, or harm the public.

26 (10) Habitual or excessive use or addiction to alcohol,

1 narcotics, stimulants, or any other chemical agent or drug
2 that results in the inability to practice with reasonable
3 judgment, skill, or safety.

4 (11) Discipline by another U.S. jurisdiction or
5 foreign nation if at least one of the grounds for the
6 discipline is the same or substantially equivalent to those
7 set forth in this Act.

8 (12) Directly or indirectly giving to or receiving from
9 any person, firm, corporation, partnership, or association
10 any fee, commission, rebate, or other form of compensation
11 for any professional services not actually or personally
12 rendered. This shall not be deemed to include rent or other
13 remunerations paid to an individual, partnership, or
14 corporation by a licensed midwife for the lease, rental, or
15 use of space, owned or controlled by the individual,
16 partnership, corporation, or association.

17 (13) A finding by the Department that the licensee,
18 after having his or her license placed on probationary
19 status, has violated the terms of probation.

20 (14) Abandonment of a patient without cause.

21 (15) Willfully making or filing false records or
22 reports relating to a licensee's practice, including, but
23 not limited to, false records filed with State agencies or
24 departments.

25 (16) Physical illness or mental illness, including,
26 but not limited to, deterioration through the aging process

1 or loss of motor skill that results in the inability to
2 practice the profession with reasonable judgment, skill,
3 or safety.

4 (17) Failure to provide a patient with a copy of his or
5 her record upon the written request of the patient.

6 (18) Conviction by any court of competent
7 jurisdiction, either within or without this State, of any
8 violation of any law governing the practice of licensed
9 midwifery or conviction in this or another state of any
10 crime that is a felony under the laws of this State or
11 conviction of a felony in a federal court, if the
12 Department determines, after investigation, that the
13 person has not been sufficiently rehabilitated to warrant
14 the public trust.

15 (19) A finding that licensure has been applied for or
16 obtained by fraudulent means.

17 (20) Being named as a perpetrator in an indicated
18 report by the Department of Healthcare and Family Services
19 under the Abused and Neglected Child Reporting Act and upon
20 proof by clear and convincing evidence that the licensee
21 has caused a child to be an abused child or a neglected
22 child, as defined in the Abused and Neglected Child
23 Reporting Act.

24 (21) Practicing or attempting to practice under a name
25 other than the full name shown on a license issued under
26 this Act.

1 (22) Immoral conduct in the commission of any act, such
2 as sexual abuse, sexual misconduct, or sexual
3 exploitation, related to the licensee's practice.

4 (23) Maintaining a professional relationship with any
5 person, firm, or corporation when the licensed midwife
6 knows or should know that a person, firm, or corporation is
7 violating this Act.

8 (24) Failure to provide satisfactory proof of having
9 participated in approved continuing education programs as
10 determined by the Board and approved by the Secretary.
11 Exceptions for extreme hardships are to be defined by the
12 Department.

13 (b) The Department may refuse to issue or may suspend the
14 license of any person who fails to (i) file a tax return or to
15 pay the tax, penalty, or interest shown in a filed return or
16 (ii) pay any final assessment of the tax, penalty, or interest,
17 as required by any tax Act administered by the Illinois
18 Department of Revenue, until the time that the requirements of
19 that tax Act are satisfied.

20 (c) The determination by a circuit court that a licensee is
21 subject to involuntary admission or judicial admission as
22 provided in the Mental Health and Developmental Disabilities
23 Code operates as an automatic suspension. The suspension shall
24 end only upon a finding by a court that the patient is no
25 longer subject to involuntary admission or judicial admission,
26 the issuance of an order so finding and discharging the

1 patient, and the recommendation of the Board to the Secretary
2 that the licensee be allowed to resume his or her practice.

3 (d) In enforcing this Section, the Department, upon a
4 showing of a possible violation, may compel any person licensed
5 to practice under this Act or who has applied for licensure or
6 certification pursuant to this Act to submit to a mental or
7 physical examination, or both, as required by and at the
8 expense of the Department. The examining physicians shall be
9 those specifically designated by the Department. The
10 Department may order an examining physician to present
11 testimony concerning the mental or physical examination of the
12 licensee or applicant. No information shall be excluded by
13 reason of any common law or statutory privilege relating to
14 communications between the licensee or applicant and the
15 examining physician. The person to be examined may have, at his
16 or her own expense, another physician of his or her choice
17 present during all aspects of the examination. Failure of any
18 person to submit to a mental or physical examination when
19 directed shall be grounds for suspension of a license until the
20 person submits to the examination if the Department finds,
21 after notice and hearing, that the refusal to submit to the
22 examination was without reasonable cause.

23 If the Department finds an individual unable to practice
24 because of the reasons set forth in this subsection (d), the
25 Department may require that individual to submit to care,
26 counseling, or treatment by physicians approved or designated

1 by the Department, as a condition, term, or restriction for
2 continued, reinstated, or renewed licensure to practice or, in
3 lieu of care, counseling, or treatment, the Department may file
4 a complaint to immediately suspend, revoke, or otherwise
5 discipline the license of the individual. Any person whose
6 license was granted, reinstated, renewed, disciplined, or
7 supervised subject to such terms, conditions, or restrictions
8 and who fails to comply with such terms, conditions, or
9 restrictions shall be referred to the Secretary for a
10 determination as to whether or not the person shall have his or
11 her license suspended immediately, pending a hearing by the
12 Department.

13 In instances in which the Secretary immediately suspends a
14 person's license under this Section, a hearing on that person's
15 license must be convened by the Department within 15 days after
16 the suspension and completed without appreciable delay. The
17 Department may review the person's record of treatment and
18 counseling regarding the impairment, to the extent permitted by
19 applicable federal statutes and regulations safeguarding the
20 confidentiality of medical records.

21 A person licensed under this Act and affected under this
22 subsection (d) shall be afforded an opportunity to demonstrate
23 to the Department that he or she can resume practice in
24 compliance with acceptable and prevailing standards under the
25 provisions of his or her license.

1 Section 100. Failure to pay restitution. The Department,
2 without further process or hearing, shall suspend the license
3 or other authorization to practice of any person issued under
4 this Act who has been certified by court order as not having
5 paid restitution to a person under Section 8A-3.5 of the
6 Illinois Public Aid Code, under Section 46-1 of the Criminal
7 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the
8 Criminal Code of 2012. A person whose license or other
9 authorization to practice is suspended under this Section is
10 prohibited from practicing until restitution is made in full.

11 Section 105. Injunction; cease and desist order.

12 (a) If a person violates any provision of this Act, the
13 Secretary may, in the name of the People of the State of
14 Illinois, through the Attorney General or the State's Attorney
15 of any county in which the action is brought, petition for an
16 order enjoining the violation or enforcing compliance with this
17 Act. Upon the filing of a verified petition in court, the court
18 may issue a temporary restraining order, without notice or
19 bond, and may preliminarily and permanently enjoin the
20 violation. If it is established that the person has violated or
21 is violating the injunction, the court may punish the offender
22 for contempt of court. Proceedings under this Section shall be
23 in addition to, and not in lieu of, all other remedies and
24 penalties provided by this Act.

25 (b) If any person practices as a licensed midwife or holds

1 himself or herself out as a licensed midwife without being
2 licensed under the provisions of this Act, then any licensed
3 midwife, any interested party, or any person injured thereby
4 may, in addition to the Secretary, petition for relief as
5 provided in subsection (a) of this Section.

6 (c) Whenever, in the opinion of the Department, any person
7 violates any provision of this Act, the Department may issue a
8 rule to show cause why an order to cease and desist should not
9 be entered against that person. The rule shall clearly set
10 forth the grounds relied upon by the Department and shall
11 provide a period of 7 days after the date of the rule to file an
12 answer to the satisfaction of the Department. Failure to answer
13 to the satisfaction of the Department shall cause an order to
14 cease and desist to be issued immediately.

15 Section 110. Violation; criminal penalty.

16 (a) Whoever knowingly practices or offers to practice
17 midwifery in this State without being licensed for that purpose
18 or exempt under this Act shall be guilty of a Class A
19 misdemeanor and, for each subsequent conviction, shall be
20 guilty of a Class 4 felony.

21 (b) Notwithstanding any other provision of this Act, all
22 criminal fines, moneys, or other property collected or received
23 by the Department under this Section or any other State or
24 federal statute, including, but not limited to, property
25 forfeited to the Department under Section 505 of the Illinois

1 Controlled Substances Act or Section 85 of the Methamphetamine
2 Control and Community Protection Act, shall be deposited into
3 the Professional Regulation Evidence Fund.

4 Section 115. Investigation; notice; hearing. The
5 Department may investigate the actions of any applicant or of
6 any person or persons holding or claiming to hold a license
7 under this Act. Before refusing to issue or to renew or taking
8 any disciplinary action regarding a license, the Department
9 shall, at least 30 days prior to the date set for the hearing,
10 notify in writing the applicant or licensee of the nature of
11 any charges and that a hearing shall be held on a date
12 designated. The Department shall direct the applicant or
13 licensee to file a written answer with the Board under oath
14 within 20 days after the service of the notice and inform the
15 applicant or licensee that failure to file an answer shall
16 result in default being taken against the applicant or licensee
17 and that the license may be suspended, revoked, or placed on
18 probationary status or that other disciplinary action may be
19 taken, including limiting the scope, nature, or extent of
20 practice, as the Secretary may deem proper. Written notice may
21 be served by personal delivery or certified or registered mail
22 to the respondent at the address of his or her last
23 notification to the Department. If the person fails to file an
24 answer after receiving notice, his or her license may, in the
25 discretion of the Department, be suspended, revoked, or placed

1 on probationary status, or the Department may take any
2 disciplinary action deemed proper, including limiting the
3 scope, nature, or extent of the person's practice or the
4 imposition of a fine, without a hearing, if the act or acts
5 charged constitute sufficient grounds for such action under
6 this Act. At the time and place fixed in the notice, the Board
7 shall proceed to hear the charges and the parties or their
8 counsel shall be accorded ample opportunity to present such
9 statements, testimony, evidence, and argument as may be
10 pertinent to the charges or to their defense. The Board may
11 continue a hearing from time to time.

12 Section 120. Formal hearing; preservation of record. The
13 Department, at its expense, shall preserve a record of all
14 proceedings at the formal hearing of any case. The notice of
15 hearing, complaint, and all other documents in the nature of
16 pleadings and written motions filed in the proceedings, the
17 transcript of testimony, the report of the Board or hearing
18 officer, and order of the Department shall be the record of the
19 proceeding. The Department shall furnish a transcript of the
20 record to any person interested in the hearing upon payment of
21 the fee required under Section 2105-115 of the Department of
22 Professional Regulation Law.

23 Section 125. Witnesses; production of documents; contempt.
24 Any circuit court may upon application of the Department or its

1 designee or of the applicant or licensee against whom
2 proceedings under Section 95 of this Act are pending, enter an
3 order requiring the attendance of witnesses and their testimony
4 and the production of documents, papers, files, books, and
5 records in connection with any hearing or investigation. The
6 court may compel obedience to its order by proceedings for
7 contempt.

8 Section 130. Subpoena; oaths. The Department shall have the
9 power to subpoena and bring before it any person in this State
10 and to take testimony either orally or by deposition or both
11 with the same fees and mileage and in the same manner as
12 prescribed in civil cases in circuit courts of this State. The
13 Secretary, the designated hearing officer, and every member of
14 the Board has the power to administer oaths to witnesses at any
15 hearing that the Department is authorized to conduct and any
16 other oaths authorized in any Act administered by the
17 Department. Any circuit court may, upon application of the
18 Department or its designee or upon application of the person
19 against whom proceedings under this Act are pending, enter an
20 order requiring the attendance of witnesses and their
21 testimony, and the production of documents, papers, files,
22 books, and records in connection with any hearing or
23 investigation. The court may compel obedience to its order by
24 proceedings for contempt.

1 Section 135. Findings of fact, conclusions of law, and
2 recommendations. At the conclusion of the hearing the Board
3 shall present to the Secretary a written report of its findings
4 of fact, conclusions of law, and recommendations. The report
5 shall contain a finding as to whether or not the accused person
6 violated this Act or failed to comply with the conditions
7 required under this Act. The Board shall specify the nature of
8 the violation or failure to comply and shall make its
9 recommendations to the Secretary.

10 The report of findings of fact, conclusions of law, and
11 recommendations of the Board shall be the basis for the
12 Department's order. If the Secretary disagrees in any regard
13 with the report of the Board, the Secretary may issue an order
14 in contravention of the report. The finding is not admissible
15 in evidence against the person in a criminal prosecution
16 brought for the violation of this Act, but the hearing and
17 findings are not a bar to a criminal prosecution brought for
18 the violation of this Act.

19 Section 140. Hearing officer. The Secretary may appoint any
20 attorney duly licensed to practice law in the State of Illinois
21 to serve as the hearing officer in any action for departmental
22 refusal to issue, renew, or license an applicant or for
23 disciplinary action against a licensee. The hearing officer
24 shall have full authority to conduct the hearing. The hearing
25 officer shall report his or her findings of fact, conclusions

1 of law, and recommendations to the Board and the Secretary. The
2 Board shall have 60 calendar days after receipt of the report
3 to review the report of the hearing officer and present its
4 findings of fact, conclusions of law, and recommendations to
5 the Secretary. If the Board fails to present its report within
6 the 60-day period, the Secretary may issue an order based on
7 the report of the hearing officer. If the Secretary disagrees
8 with the recommendation of the Board or the hearing officer, he
9 or she may issue an order in contravention of that
10 recommendation.

11 Section 145. Service of report; motion for rehearing. In
12 any case involving the discipline of a license, a copy of the
13 Board's report shall be served upon the respondent by the
14 Department, either personally or as provided in this Act for
15 the service of the notice of hearing. Within 20 days after the
16 service, the respondent may present to the Department a motion
17 in writing for a rehearing that shall specify the particular
18 grounds for rehearing. If no motion for rehearing is filed,
19 then upon the expiration of the time specified for filing a
20 motion, or if a motion for rehearing is denied, then upon the
21 denial, the Secretary may enter an order in accordance with
22 this Act. If the respondent orders from the reporting service
23 and pays for a transcript of the record within the time for
24 filing a motion for rehearing, the 20-day period within which
25 the motion may be filed shall commence upon the delivery of the

1 transcript to the respondent.

2 Section 150. Rehearing. Whenever the Secretary is
3 satisfied that substantial justice has not been done in the
4 revocation, suspension, or refusal to issue or renew a license,
5 the Secretary may order a rehearing by the same or another
6 hearing officer or by the Board.

7 Section 155. Prima facie proof. An order or a certified
8 copy thereof, over the seal of the Department and purporting to
9 be signed by the Secretary, shall be prima facie proof of the
10 following:

11 (1) that the signature is the genuine signature of the
12 Secretary;

13 (2) that such Secretary is duly appointed and
14 qualified; and

15 (3) that the Board and its members are qualified to
16 act.

17 Section 160. Restoration of license. At any time after the
18 suspension or revocation of any license, the Department may
19 restore the license to the accused person, unless after an
20 investigation and a hearing the Department determines that
21 restoration is not in the public interest.

22 Section 165. Surrender of license. Upon the revocation or

1 suspension of any license, the licensee shall immediately
2 surrender the license to the Department. If the licensee fails
3 to do so, the Department shall have the right to seize the
4 license.

5 Section 170. Summary suspension. The Secretary may
6 summarily suspend the license of a licensee under this Act
7 without a hearing, simultaneously with the institution of
8 proceedings for a hearing provided for in this Act, if the
9 Secretary finds that evidence in his or her possession
10 indicates that continuation in practice would constitute an
11 imminent danger to the public. In the event that the Secretary
12 summarily suspends a license without a hearing, a hearing by
13 the Department must be held within 30 days after the suspension
14 has occurred.

15 Section 175. Certificate of record. The Department shall
16 not be required to certify any record to the court or file any
17 answer in court or otherwise appear in any court in a judicial
18 review proceeding, unless there is filed in the court, with the
19 complaint, a receipt from the Department acknowledging payment
20 of the costs of furnishing and certifying the record. Failure
21 on the part of the plaintiff to file a receipt in court shall
22 be grounds for dismissal of the action.

23 Section 180. Administrative Review Law. All final

1 administrative decisions of the Department are subject to
2 judicial review under the Administrative Review Law and its
3 rules. The term "administrative decision" is defined as in
4 Section 3-101 of the Code of Civil Procedure.

5 Section 185. Illinois Administrative Procedure Act. The
6 Illinois Administrative Procedure Act is hereby expressly
7 adopted and incorporated in this Act as if all of the
8 provisions of such Act were included in this Act, except that
9 the provision of subsection (d) of Section 10-65 of the
10 Illinois Administrative Procedure Act that provides that at
11 hearings the licensee has the right to show compliance with all
12 lawful requirements for retention, continuation, or renewal of
13 the license is specifically excluded. For purposes of this Act,
14 the notice required under Section 10-25 of the Illinois
15 Administrative Procedure Act is deemed sufficient when mailed
16 to the last known address of a party.

17 Section 190. Home rule. Pursuant to paragraph (h) of
18 Section 6 of Article VII of the Illinois Constitution of 1970,
19 the power to regulate and issue licenses for the practice of
20 midwifery shall, except as may otherwise be provided within and
21 pursuant to the provisions of this Act, be exercised by the
22 State and may not be exercised by any unit of local government,
23 including home rule units.

1 Section 195. Severability. The provisions of this Act are
2 severable under Section 1.31 of the Statute on Statutes.

3 Section 900. The Regulatory Sunset Act is amended by adding
4 Section 4.37 as follows:

5 (5 ILCS 80/4.37 new)

6 Sec. 4.37. Act repealed on January 1, 2027. The following
7 Act is repealed on January 1, 2027:

8 The Home Birth Safety Act.

9 Section 905. The Medical Practice Act of 1987 is amended by
10 changing Section 4 as follows:

11 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

12 (Section scheduled to be repealed on December 31, 2015)

13 Sec. 4. Exemptions. This Act does not apply to the
14 following:

15 (1) persons lawfully carrying on their particular
16 profession or business under any valid existing regulatory
17 Act of this State, including without limitation persons
18 engaged in the practice of midwifery who are licensed under
19 the Home Birth Safety Act;

20 (2) persons rendering gratuitous services in cases of
21 emergency; or

22 (3) persons treating human ailments by prayer or

1 spiritual means as an exercise or enjoyment of religious
2 freedom.

3 (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

4 Section 910. The Nurse Practice Act is amended by changing
5 Section 50-15 as follows:

6 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

7 (Section scheduled to be repealed on January 1, 2018)

8 Sec. 50-15. Policy; application of Act.

9 (a) For the protection of life and the promotion of health,
10 and the prevention of illness and communicable diseases, any
11 person practicing or offering to practice advanced,
12 professional, or practical nursing in Illinois shall submit
13 evidence that he or she is qualified to practice, and shall be
14 licensed as provided under this Act. No person shall practice
15 or offer to practice advanced, professional, or practical
16 nursing in Illinois or use any title, sign, card or device to
17 indicate that such a person is practicing professional or
18 practical nursing unless such person has been licensed under
19 the provisions of this Act.

20 (b) This Act does not prohibit the following:

21 (1) The practice of nursing in Federal employment in
22 the discharge of the employee's duties by a person who is
23 employed by the United States government or any bureau,
24 division or agency thereof and is a legally qualified and

1 licensed nurse of another state or territory and not in
2 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
3 this Act.

4 (2) Nursing that is included in the program of study by
5 students enrolled in programs of nursing or in current
6 nurse practice update courses approved by the Department.

7 (3) The furnishing of nursing assistance in an
8 emergency.

9 (4) The practice of nursing by a nurse who holds an
10 active license in another state when providing services to
11 patients in Illinois during a bonafide emergency or in
12 immediate preparation for or during interstate transit.

13 (5) The incidental care of the sick by members of the
14 family, domestic servants or housekeepers, or care of the
15 sick where treatment is by prayer or spiritual means.

16 (6) Persons from being employed as unlicensed
17 assistive personnel in private homes, long term care
18 facilities, nurseries, hospitals or other institutions.

19 (7) The practice of practical nursing by one who is a
20 licensed practical nurse under the laws of another U.S.
21 jurisdiction and has applied in writing to the Department,
22 in form and substance satisfactory to the Department, for a
23 license as a licensed practical nurse and who is qualified
24 to receive such license under this Act, until (i) the
25 expiration of 6 months after the filing of such written
26 application, (ii) the withdrawal of such application, or

1 (iii) the denial of such application by the Department.

2 (8) The practice of advanced practice nursing by one
3 who is an advanced practice nurse under the laws of another
4 state, territory of the United States, or country and has
5 applied in writing to the Department, in form and substance
6 satisfactory to the Department, for a license as an
7 advanced practice nurse and who is qualified to receive
8 such license under this Act, until (i) the expiration of 6
9 months after the filing of such written application, (ii)
10 the withdrawal of such application, or (iii) the denial of
11 such application by the Department.

12 (9) The practice of professional nursing by one who is
13 a registered professional nurse under the laws of another
14 state, territory of the United States or country and has
15 applied in writing to the Department, in form and substance
16 satisfactory to the Department, for a license as a
17 registered professional nurse and who is qualified to
18 receive such license under Section 55-10, until (1) the
19 expiration of 6 months after the filing of such written
20 application, (2) the withdrawal of such application, or (3)
21 the denial of such application by the Department.

22 (10) The practice of professional nursing that is
23 included in a program of study by one who is a registered
24 professional nurse under the laws of another state or
25 territory of the United States or foreign country,
26 territory or province and who is enrolled in a graduate

1 nursing education program or a program for the completion
2 of a baccalaureate nursing degree in this State, which
3 includes clinical supervision by faculty as determined by
4 the educational institution offering the program and the
5 health care organization where the practice of nursing
6 occurs.

7 (11) Any person licensed in this State under any other
8 Act from engaging in the practice for which she or he is
9 licensed, including without limitation any person engaged
10 in the practice of midwifery who is licensed under the Home
11 Birth Safety Act.

12 (12) Delegation to authorized direct care staff
13 trained under Section 15.4 of the Mental Health and
14 Developmental Disabilities Administrative Act consistent
15 with the policies of the Department.

16 (13) The practice, services, or activities of persons
17 practicing the specified occupations set forth in
18 subsection (a) of, and pursuant to a licensing exemption
19 granted in subsection (b) or (d) of, Section 2105-350 of
20 the Department of Professional Regulation Law of the Civil
21 Administrative Code of Illinois, but only for so long as
22 the 2016 Olympic and Paralympic Games Professional
23 Licensure Exemption Law is operable.

24 (14) County correctional personnel from delivering
25 prepackaged medication for self-administration to an
26 individual detainee in a correctional facility.

1 Nothing in this Act shall be construed to limit the
2 delegation of tasks or duties by a physician, dentist, or
3 podiatric physician to a licensed practical nurse, a registered
4 professional nurse, or other persons.

5 (Source: P.A. 98-214, eff. 8-9-13.)

6 Section 990. The Illinois Public Aid Code is amended by
7 changing Section 5-5 as follows:

8 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

9 (Text of Section before amendment by P.A. 99-407)

10 Sec. 5-5. Medical services. The Illinois Department, by
11 rule, shall determine the quantity and quality of and the rate
12 of reimbursement for the medical assistance for which payment
13 will be authorized, and the medical services to be provided,
14 which may include all or part of the following: (1) inpatient
15 hospital services; (2) outpatient hospital services; (3) other
16 laboratory and X-ray services; (4) skilled nursing home
17 services; (5) physicians' services whether furnished in the
18 office, the patient's home, a hospital, a skilled nursing home,
19 or elsewhere; (6) medical care, or any other type of remedial
20 care furnished by licensed practitioners, including the
21 services of certified professional midwives licensed pursuant
22 to the Home Birth Safety Act; (7) home health care services;
23 (8) private duty nursing service; (9) clinic services; (10)
24 dental services, including prevention and treatment of

1 periodontal disease and dental caries disease for pregnant
2 women, provided by an individual licensed to practice dentistry
3 or dental surgery; for purposes of this item (10), "dental
4 services" means diagnostic, preventive, or corrective
5 procedures provided by or under the supervision of a dentist in
6 the practice of his or her profession; (11) physical therapy
7 and related services; (12) prescribed drugs, dentures, and
8 prosthetic devices; and eyeglasses prescribed by a physician
9 skilled in the diseases of the eye, or by an optometrist,
10 whichever the person may select; (13) other diagnostic,
11 screening, preventive, and rehabilitative services, including
12 to ensure that the individual's need for intervention or
13 treatment of mental disorders or substance use disorders or
14 co-occurring mental health and substance use disorders is
15 determined using a uniform screening, assessment, and
16 evaluation process inclusive of criteria, for children and
17 adults; for purposes of this item (13), a uniform screening,
18 assessment, and evaluation process refers to a process that
19 includes an appropriate evaluation and, as warranted, a
20 referral; "uniform" does not mean the use of a singular
21 instrument, tool, or process that all must utilize; (14)
22 transportation and such other expenses as may be necessary;
23 (15) medical treatment of sexual assault survivors, as defined
24 in Section 1a of the Sexual Assault Survivors Emergency
25 Treatment Act, for injuries sustained as a result of the sexual
26 assault, including examinations and laboratory tests to

1 discover evidence which may be used in criminal proceedings
2 arising from the sexual assault; (16) the diagnosis and
3 treatment of sickle cell anemia; and (17) any other medical
4 care, and any other type of remedial care recognized under the
5 laws of this State, but not including abortions, or induced
6 miscarriages or premature births, unless, in the opinion of a
7 physician, such procedures are necessary for the preservation
8 of the life of the woman seeking such treatment, or except an
9 induced premature birth intended to produce a live viable child
10 and such procedure is necessary for the health of the mother or
11 her unborn child. The Illinois Department, by rule, shall
12 prohibit any physician from providing medical assistance to
13 anyone eligible therefor under this Code where such physician
14 has been found guilty of performing an abortion procedure in a
15 wilful and wanton manner upon a woman who was not pregnant at
16 the time such abortion procedure was performed. The term "any
17 other type of remedial care" shall include nursing care and
18 nursing home service for persons who rely on treatment by
19 spiritual means alone through prayer for healing.

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

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

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

26 On and after July 1, 2012, the Department of Healthcare and

1 Family Services may provide the following services to persons
2 eligible for assistance under this Article who are
3 participating in education, training or employment programs
4 operated by the Department of Human Services as successor to
5 the Department of Public Aid:

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

8 (2) eyeglasses prescribed by a physician skilled in the
9 diseases of the eye, or by an optometrist, whichever the
10 person may select.

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

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

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

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

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

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

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

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

1 (E) A screening MRI when medically necessary, as
2 determined by a physician licensed to practice medicine in
3 all of its branches.

4 All screenings shall include a physical breast exam,
5 instruction on self-examination and information regarding the
6 frequency of self-examination and its value as a preventative
7 tool. For purposes of this Section, "low-dose mammography"
8 means the x-ray examination of the breast using equipment
9 dedicated specifically for mammography, including the x-ray
10 tube, filter, compression device, and image receptor, with an
11 average radiation exposure delivery of less than one rad per
12 breast for 2 views of an average size breast. The term also
13 includes digital mammography.

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

18 On and after January 1, 2012, providers participating in a
19 quality improvement program approved by the Department shall be
20 reimbursed for screening and diagnostic mammography at the same
21 rate as the Medicare program's rates, including the increased
22 reimbursement for digital mammography.

23 The Department shall convene an expert panel including
24 representatives of hospitals, free-standing mammography
25 facilities, and doctors, including radiologists, to establish
26 quality standards for mammography.

1 On and after January 1, 2017, providers participating in a
2 breast cancer treatment quality improvement program approved
3 by the Department shall be reimbursed for breast cancer
4 treatment at a rate that is no lower than 95% of the Medicare
5 program's rates for the data elements included in the breast
6 cancer treatment quality program.

7 The Department shall convene an expert panel, including
8 representatives of hospitals, free standing breast cancer
9 treatment centers, breast cancer quality organizations, and
10 doctors, including breast surgeons, reconstructive breast
11 surgeons, oncologists, and primary care providers to establish
12 quality standards for breast cancer treatment.

13 Subject to federal approval, the Department shall
14 establish a rate methodology for mammography at federally
15 qualified health centers and other encounter-rate clinics.
16 These clinics or centers may also collaborate with other
17 hospital-based mammography facilities. By January 1, 2016, the
18 Department shall report to the General Assembly on the status
19 of the provision set forth in this paragraph.

20 The Department shall establish a methodology to remind
21 women who are age-appropriate for screening mammography, but
22 who have not received a mammogram within the previous 18
23 months, of the importance and benefit of screening mammography.
24 The Department shall work with experts in breast cancer
25 outreach and patient navigation to optimize these reminders and
26 shall establish a methodology for evaluating their

1 effectiveness and modifying the methodology based on the
2 evaluation.

3 The Department shall establish a performance goal for
4 primary care providers with respect to their female patients
5 over age 40 receiving an annual mammogram. This performance
6 goal shall be used to provide additional reimbursement in the
7 form of a quality performance bonus to primary care providers
8 who meet that goal.

9 The Department shall devise a means of case-managing or
10 patient navigation for beneficiaries diagnosed with breast
11 cancer. This program shall initially operate as a pilot program
12 in areas of the State with the highest incidence of mortality
13 related to breast cancer. At least one pilot program site shall
14 be in the metropolitan Chicago area and at least one site shall
15 be outside the metropolitan Chicago area. On or after July 1,
16 2016, the pilot program shall be expanded to include one site
17 in western Illinois, one site in southern Illinois, one site in
18 central Illinois, and 4 sites within metropolitan Chicago. An
19 evaluation of the pilot program shall be carried out measuring
20 health outcomes and cost of care for those served by the pilot
21 program compared to similarly situated patients who are not
22 served by the pilot program.

23 The Department shall require all networks of care to
24 develop a means either internally or by contract with experts
25 in navigation and community outreach to navigate cancer
26 patients to comprehensive care in a timely fashion. The

1 Department shall require all networks of care to include access
2 for patients diagnosed with cancer to at least one academic
3 commission on cancer-accredited cancer program as an
4 in-network covered benefit.

5 Any medical or health care provider shall immediately
6 recommend, to any pregnant woman who is being provided prenatal
7 services and is suspected of drug abuse or is addicted as
8 defined in the Alcoholism and Other Drug Abuse and Dependency
9 Act, referral to a local substance abuse treatment provider
10 licensed by the Department of Human Services or to a licensed
11 hospital which provides substance abuse treatment services.
12 The Department of Healthcare and Family Services shall assure
13 coverage for the cost of treatment of the drug abuse or
14 addiction for pregnant recipients in accordance with the
15 Illinois Medicaid Program in conjunction with the Department of
16 Human Services.

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

25 The Illinois Department, in cooperation with the
26 Departments of Human Services (as successor to the Department

1 of Alcoholism and Substance Abuse) and Public Health, through a
2 public awareness campaign, may provide information concerning
3 treatment for alcoholism and drug abuse and addiction, prenatal
4 health care, and other pertinent programs directed at reducing
5 the number of drug-affected infants born to recipients of
6 medical assistance.

7 Neither the Department of Healthcare and Family Services
8 nor the Department of Human Services shall sanction the
9 recipient solely on the basis of her substance abuse.

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

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

1 sponsor organization be a medical organization.

2 The sponsor must negotiate formal written contracts with
3 medical providers for physician services, inpatient and
4 outpatient hospital care, home health services, treatment for
5 alcoholism and substance abuse, and other services determined
6 necessary by the Illinois Department by rule for delivery by
7 Partnerships. Physician services must include prenatal and
8 obstetrical care. The Illinois Department shall reimburse
9 medical services delivered by Partnership providers to clients
10 in target areas according to provisions of this Article and the
11 Illinois Health Finance Reform Act, except that:

12 (1) Physicians participating in a Partnership and
13 providing certain services, which shall be determined by
14 the Illinois Department, to persons in areas covered by the
15 Partnership may receive an additional surcharge for such
16 services.

17 (2) The Department may elect to consider and negotiate
18 financial incentives to encourage the development of
19 Partnerships and the efficient delivery of medical care.

20 (3) Persons receiving medical services through
21 Partnerships may receive medical and case management
22 services above the level usually offered through the
23 medical assistance program.

24 Medical providers shall be required to meet certain
25 qualifications to participate in Partnerships to ensure the
26 delivery of high quality medical services. These

1 qualifications shall be determined by rule of the Illinois
2 Department and may be higher than qualifications for
3 participation in the medical assistance program. Partnership
4 sponsors may prescribe reasonable additional qualifications
5 for participation by medical providers, only with the prior
6 written approval of the Illinois Department.

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

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

19 The Illinois Department shall require health care
20 providers to maintain records that document the medical care
21 and services provided to recipients of Medical Assistance under
22 this Article. Such records must be retained for a period of not
23 less than 6 years from the date of service or as provided by
24 applicable State law, whichever period is longer, except that
25 if an audit is initiated within the required retention period
26 then the records must be retained until the audit is completed

1 and every exception is resolved. The Illinois Department shall
2 require health care providers to make available, when
3 authorized by the patient, in writing, the medical records in a
4 timely fashion to other health care providers who are treating
5 or serving persons eligible for Medical Assistance under this
6 Article. All dispensers of medical services shall be required
7 to maintain and retain business and professional records
8 sufficient to fully and accurately document the nature, scope,
9 details and receipt of the health care provided to persons
10 eligible for medical assistance under this Code, in accordance
11 with regulations promulgated by the Illinois Department. The
12 rules and regulations shall require that proof of the receipt
13 of prescription drugs, dentures, prosthetic devices and
14 eyeglasses by eligible persons under this Section accompany
15 each claim for reimbursement submitted by the dispenser of such
16 medical services. No such claims for reimbursement shall be
17 approved for payment by the Illinois Department without such
18 proof of receipt, unless the Illinois Department shall have put
19 into effect and shall be operating a system of post-payment
20 audit and review which shall, on a sampling basis, be deemed
21 adequate by the Illinois Department to assure that such drugs,
22 dentures, prosthetic devices and eyeglasses for which payment
23 is being made are actually being received by eligible
24 recipients. Within 90 days after the effective date of this
25 amendatory Act of 1984, the Illinois Department shall establish
26 a current list of acquisition costs for all prosthetic devices

1 and any other items recognized as medical equipment and
2 supplies reimbursable under this Article and shall update such
3 list on a quarterly basis, except that the acquisition costs of
4 all prescription drugs shall be updated no less frequently than
5 every 30 days as required by Section 5-5.12.

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

12 Notwithstanding any other law to the contrary, the Illinois
13 Department shall, within 365 days after July 22, 2013 (the
14 effective date of Public Act 98-104), establish procedures to
15 permit skilled care facilities licensed under the Nursing Home
16 Care Act to submit monthly billing claims for reimbursement
17 purposes. Following development of these procedures, the
18 Department shall, by July 1, 2016, test the viability of the
19 new system and implement any necessary operational or
20 structural changes to its information technology platforms in
21 order to allow for the direct acceptance and payment of nursing
22 home claims.

23 Notwithstanding any other law to the contrary, the Illinois
24 Department shall, within 365 days after August 15, 2014 (the
25 effective date of Public Act 98-963), establish procedures to
26 permit ID/DD facilities licensed under the ID/DD Community Care

1 Act and MC/DD facilities licensed under the MC/DD Act to submit
2 monthly billing claims for reimbursement purposes. Following
3 development of these procedures, the Department shall have an
4 additional 365 days to test the viability of the new system and
5 to ensure that any necessary operational or structural changes
6 to its information technology platforms are implemented.

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

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

24 Enrollment of a vendor shall be subject to a provisional
25 period and shall be conditional for one year. During the period
26 of conditional enrollment, the Department may terminate the

1 vendor's eligibility to participate in, or may disenroll the
2 vendor from, the medical assistance program without cause.
3 Unless otherwise specified, such termination of eligibility or
4 disenrollment is not subject to the Department's hearing
5 process. However, a disenrolled vendor may reapply without
6 penalty.

7 The Department has the discretion to limit the conditional
8 enrollment period for vendors based upon category of risk of
9 the vendor.

10 Prior to enrollment and during the conditional enrollment
11 period in the medical assistance program, all vendors shall be
12 subject to enhanced oversight, screening, and review based on
13 the risk of fraud, waste, and abuse that is posed by the
14 category of risk of the vendor. The Illinois Department shall
15 establish the procedures for oversight, screening, and review,
16 which may include, but need not be limited to: criminal and
17 financial background checks; fingerprinting; license,
18 certification, and authorization verifications; unscheduled or
19 unannounced site visits; database checks; prepayment audit
20 reviews; audits; payment caps; payment suspensions; and other
21 screening as required by federal or State law.

22 The Department shall define or specify the following: (i)
23 by provider notice, the "category of risk of the vendor" for
24 each type of vendor, which shall take into account the level of
25 screening applicable to a particular category of vendor under
26 federal law and regulations; (ii) by rule or provider notice,

1 the maximum length of the conditional enrollment period for
2 each category of risk of the vendor; and (iii) by rule, the
3 hearing rights, if any, afforded to a vendor in each category
4 of risk of the vendor that is terminated or disenrolled during
5 the conditional enrollment period.

6 To be eligible for payment consideration, a vendor's
7 payment claim or bill, either as an initial claim or as a
8 resubmitted claim following prior rejection, must be received
9 by the Illinois Department, or its fiscal intermediary, no
10 later than 180 days after the latest date on the claim on which
11 medical goods or services were provided, with the following
12 exceptions:

13 (1) In the case of a provider whose enrollment is in
14 process by the Illinois Department, the 180-day period
15 shall not begin until the date on the written notice from
16 the Illinois Department that the provider enrollment is
17 complete.

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

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

25 (4) In the case of a provider operated by a unit of
26 local government with a population exceeding 3,000,000

1 when local government funds finance federal participation
2 for claims payments.

3 For claims for services rendered during a period for which
4 a recipient received retroactive eligibility, claims must be
5 filed within 180 days after the Department determines the
6 applicant is eligible. For claims for which the Illinois
7 Department is not the primary payer, claims must be submitted
8 to the Illinois Department within 180 days after the final
9 adjudication by the primary payer.

10 In the case of long term care facilities, within 5 days of
11 receipt by the facility of required prescreening information,
12 data for new admissions shall be entered into the Medical
13 Electronic Data Interchange (MEDI) or the Recipient
14 Eligibility Verification (REV) System or successor system, and
15 within 15 days of receipt by the facility of required
16 prescreening information, admission documents shall be
17 submitted through MEDI or REV or shall be submitted directly to
18 the Department of Human Services using required admission
19 forms. Effective September 1, 2014, admission documents,
20 including all prescreening information, must be submitted
21 through MEDI or REV. Confirmation numbers assigned to an
22 accepted transaction shall be retained by a facility to verify
23 timely submittal. Once an admission transaction has been
24 completed, all resubmitted claims following prior rejection
25 are subject to receipt no later than 180 days after the
26 admission transaction has been completed.

1 Claims that are not submitted and received in compliance
2 with the foregoing requirements shall not be eligible for
3 payment under the medical assistance program, and the State
4 shall have no liability for payment of those claims.

5 To the extent consistent with applicable information and
6 privacy, security, and disclosure laws, State and federal
7 agencies and departments shall provide the Illinois Department
8 access to confidential and other information and data necessary
9 to perform eligibility and payment verifications and other
10 Illinois Department functions. This includes, but is not
11 limited to: information pertaining to licensure;
12 certification; earnings; immigration status; citizenship; wage
13 reporting; unearned and earned income; pension income;
14 employment; supplemental security income; social security
15 numbers; National Provider Identifier (NPI) numbers; the
16 National Practitioner Data Bank (NPDB); program and agency
17 exclusions; taxpayer identification numbers; tax delinquency;
18 corporate information; and death records.

19 The Illinois Department shall enter into agreements with
20 State agencies and departments, and is authorized to enter into
21 agreements with federal agencies and departments, under which
22 such agencies and departments shall share data necessary for
23 medical assistance program integrity functions and oversight.
24 The Illinois Department shall develop, in cooperation with
25 other State departments and agencies, and in compliance with
26 applicable federal laws and regulations, appropriate and

1 effective methods to share such data. At a minimum, and to the
2 extent necessary to provide data sharing, the Illinois
3 Department shall enter into agreements with State agencies and
4 departments, and is authorized to enter into agreements with
5 federal agencies and departments, including but not limited to:
6 the Secretary of State; the Department of Revenue; the
7 Department of Public Health; the Department of Human Services;
8 and the Department of Financial and Professional Regulation.

9 Beginning in fiscal year 2013, the Illinois Department
10 shall set forth a request for information to identify the
11 benefits of a pre-payment, post-adjudication, and post-edit
12 claims system with the goals of streamlining claims processing
13 and provider reimbursement, reducing the number of pending or
14 rejected claims, and helping to ensure a more transparent
15 adjudication process through the utilization of: (i) provider
16 data verification and provider screening technology; and (ii)
17 clinical code editing; and (iii) pre-pay, pre- or
18 post-adjudicated predictive modeling with an integrated case
19 management system with link analysis. Such a request for
20 information shall not be considered as a request for proposal
21 or as an obligation on the part of the Illinois Department to
22 take any action or acquire any products or services.

23 The Illinois Department shall establish policies,
24 procedures, standards and criteria by rule for the acquisition,
25 repair and replacement of orthotic and prosthetic devices and
26 durable medical equipment. Such rules shall provide, but not be

1 limited to, the following services: (1) immediate repair or
2 replacement of such devices by recipients; and (2) rental,
3 lease, purchase or lease-purchase of durable medical equipment
4 in a cost-effective manner, taking into consideration the
5 recipient's medical prognosis, the extent of the recipient's
6 needs, and the requirements and costs for maintaining such
7 equipment. Subject to prior approval, such rules shall enable a
8 recipient to temporarily acquire and use alternative or
9 substitute devices or equipment pending repairs or
10 replacements of any device or equipment previously authorized
11 for such recipient by the Department.

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

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

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

23 The Illinois Department shall report annually to the
24 General Assembly, no later than the second Friday in April of
25 1979 and each year thereafter, in regard to:

26 (a) actual statistics and trends in utilization of

1 medical services by public aid recipients;

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

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

6 (d) efforts at utilization review and control by the
7 Illinois Department.

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

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 of
4 reimbursement for services or other payments in accordance with
5 Section 5-5e.

6 Because kidney transplantation can be an appropriate, cost
7 effective alternative to renal dialysis when medically
8 necessary and notwithstanding the provisions of Section 1-11 of
9 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 of
13 this Code, and who would otherwise meet the financial
14 requirements of the appropriate class of eligible persons under
15 Section 5-2 of this Code. To qualify for coverage of kidney
16 transplantation, such person must be receiving emergency renal
17 dialysis services covered by the Department. Providers under
18 this Section shall be prior approved and certified by the
19 Department to perform kidney transplantation and the services
20 under this Section shall be limited to services associated with
21 kidney transplantation.

22 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
23 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
24 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,
25 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;
26 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-433, eff.

1 8-21-15; revised 8-31-15.)

2 (Text of Section after amendment by P.A. 99-407)

3 Sec. 5-5. Medical services. The Illinois Department, by
4 rule, shall determine the quantity and quality of and the rate
5 of reimbursement for the medical assistance for which payment
6 will be authorized, and the medical services to be provided,
7 which may include all or part of the following: (1) inpatient
8 hospital services; (2) outpatient hospital services; (3) other
9 laboratory and X-ray services; (4) skilled nursing home
10 services; (5) physicians' services whether furnished in the
11 office, the patient's home, a hospital, a skilled nursing home,
12 or elsewhere; (6) medical care, or any other type of remedial
13 care furnished by licensed practitioners, including the
14 services of certified professional midwives licensed pursuant
15 to the Home Birth Safety Act; (7) home health care services;
16 (8) private duty nursing service; (9) clinic services; (10)
17 dental services, including prevention and treatment of
18 periodontal disease and dental caries disease for pregnant
19 women, provided by an individual licensed to practice dentistry
20 or dental surgery; for purposes of this item (10), "dental
21 services" means diagnostic, preventive, or corrective
22 procedures provided by or under the supervision of a dentist in
23 the practice of his or her profession; (11) physical therapy
24 and related services; (12) prescribed drugs, dentures, and
25 prosthetic devices; and eyeglasses prescribed by a physician

1 skilled in the diseases of the eye, or by an optometrist,
2 whichever the person may select; (13) other diagnostic,
3 screening, preventive, and rehabilitative services, including
4 to ensure that the individual's need for intervention or
5 treatment of mental disorders or substance use disorders or
6 co-occurring mental health and substance use disorders is
7 determined using a uniform screening, assessment, and
8 evaluation process inclusive of criteria, for children and
9 adults; for purposes of this item (13), a uniform screening,
10 assessment, and evaluation process refers to a process that
11 includes an appropriate evaluation and, as warranted, a
12 referral; "uniform" does not mean the use of a singular
13 instrument, tool, or process that all must utilize; (14)
14 transportation and such other expenses as may be necessary;
15 (15) medical treatment of sexual assault survivors, as defined
16 in Section 1a of the Sexual Assault Survivors Emergency
17 Treatment Act, for injuries sustained as a result of the sexual
18 assault, including examinations and laboratory tests to
19 discover evidence which may be used in criminal proceedings
20 arising from the sexual assault; (16) the diagnosis and
21 treatment of sickle cell anemia; and (17) any other medical
22 care, and any other type of remedial care recognized under the
23 laws of this State, but not including abortions, or induced
24 miscarriages or premature births, unless, in the opinion of a
25 physician, such procedures are necessary for the preservation
26 of the life of the woman seeking such treatment, or except an

1 induced premature birth intended to produce a live viable child
2 and such procedure is necessary for the health of the mother or
3 her unborn child. The Illinois Department, by rule, shall
4 prohibit any physician from providing medical assistance to
5 anyone eligible therefor under this Code where such physician
6 has been found guilty of performing an abortion procedure in a
7 wilful and wanton manner upon a woman who was not pregnant at
8 the time such abortion procedure was performed. The term "any
9 other type of remedial care" shall include nursing care and
10 nursing home service for persons who rely on treatment by
11 spiritual means alone through prayer for healing.

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

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

26 Upon receipt of federal approval of an amendment to the

1 Illinois Title XIX State Plan for this purpose, the Department
2 shall authorize the Chicago Public Schools (CPS) to procure a
3 vendor or vendors to manufacture eyeglasses for individuals
4 enrolled in a school within the CPS system. CPS shall ensure
5 that its vendor or vendors are enrolled as providers in the
6 medical assistance program and in any capitated Medicaid
7 managed care entity (MCE) serving individuals enrolled in a
8 school within the CPS system. Under any contract procured under
9 this provision, the vendor or vendors must serve only
10 individuals enrolled in a school within the CPS system. Claims
11 for services provided by CPS's vendor or vendors to recipients
12 of benefits in the medical assistance program under this Code,
13 the Children's Health Insurance Program, or the Covering ALL
14 KIDS Health Insurance Program shall be submitted to the
15 Department or the MCE in which the individual is enrolled for
16 payment and shall be reimbursed at the Department's or the
17 MCE's established rates or rate methodologies for eyeglasses.

18 On and after July 1, 2012, the Department of Healthcare and
19 Family Services may provide the following services to persons
20 eligible for assistance under this Article who are
21 participating in education, training or employment programs
22 operated by the Department of Human Services as successor to
23 the Department of Public Aid:

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

26 (2) eyeglasses prescribed by a physician skilled in the

1 diseases of the eye, or by an optometrist, whichever the
2 person may select.

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

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

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

26 The Illinois Department shall authorize the provision of,

1 and shall authorize payment for, screening by low-dose
2 mammography for the presence of occult breast cancer for women
3 35 years of age or older who are eligible for medical
4 assistance under this Article, as follows:

5 (A) A baseline mammogram for women 35 to 39 years of
6 age.

7 (B) An annual mammogram for women 40 years of age or
8 older.

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

14 (D) A comprehensive ultrasound screening of an entire
15 breast or breasts if a mammogram demonstrates
16 heterogeneous or dense breast tissue, when medically
17 necessary as determined by a physician licensed to practice
18 medicine in all of its branches.

19 (E) A screening MRI when medically necessary, as
20 determined by a physician licensed to practice medicine in
21 all of its branches.

22 All screenings shall include a physical breast exam,
23 instruction on self-examination and information regarding the
24 frequency of self-examination and its value as a preventative
25 tool. For purposes of this Section, "low-dose mammography"
26 means the x-ray examination of the breast using equipment

1 dedicated specifically for mammography, including the x-ray
2 tube, filter, compression device, and image receptor, with an
3 average radiation exposure delivery of less than one rad per
4 breast for 2 views of an average size breast. The term also
5 includes digital mammography and includes breast
6 tomosynthesis. As used in this Section, the term "breast
7 tomosynthesis" means a radiologic procedure that involves the
8 acquisition of projection images over the stationary breast to
9 produce cross-sectional digital three-dimensional images of
10 the breast.

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

15 On and after January 1, 2012, providers participating in a
16 quality improvement program approved by the Department shall be
17 reimbursed for screening and diagnostic mammography at the same
18 rate as the Medicare program's rates, including the increased
19 reimbursement for digital mammography.

20 The Department shall convene an expert panel including
21 representatives of hospitals, free-standing mammography
22 facilities, and doctors, including radiologists, to establish
23 quality standards for mammography.

24 On and after January 1, 2017, providers participating in a
25 breast cancer treatment quality improvement program approved
26 by the Department shall be reimbursed for breast cancer

1 treatment at a rate that is no lower than 95% of the Medicare
2 program's rates for the data elements included in the breast
3 cancer treatment quality program.

4 The Department shall convene an expert panel, including
5 representatives of hospitals, free standing breast cancer
6 treatment centers, breast cancer quality organizations, and
7 doctors, including breast surgeons, reconstructive breast
8 surgeons, oncologists, and primary care providers to establish
9 quality standards for breast cancer treatment.

10 Subject to federal approval, the Department shall
11 establish a rate methodology for mammography at federally
12 qualified health centers and other encounter-rate clinics.
13 These clinics or centers may also collaborate with other
14 hospital-based mammography facilities. By January 1, 2016, the
15 Department shall report to the General Assembly on the status
16 of the provision set forth in this paragraph.

17 The Department shall establish a methodology to remind
18 women who are age-appropriate for screening mammography, but
19 who have not received a mammogram within the previous 18
20 months, of the importance and benefit of screening mammography.
21 The Department shall work with experts in breast cancer
22 outreach and patient navigation to optimize these reminders and
23 shall establish a methodology for evaluating their
24 effectiveness and modifying the methodology based on the
25 evaluation.

26 The Department shall establish a performance goal for

1 primary care providers with respect to their female patients
2 over age 40 receiving an annual mammogram. This performance
3 goal shall be used to provide additional reimbursement in the
4 form of a quality performance bonus to primary care providers
5 who meet that goal.

6 The Department shall devise a means of case-managing or
7 patient navigation for beneficiaries diagnosed with breast
8 cancer. This program shall initially operate as a pilot program
9 in areas of the State with the highest incidence of mortality
10 related to breast cancer. At least one pilot program site shall
11 be in the metropolitan Chicago area and at least one site shall
12 be outside the metropolitan Chicago area. On or after July 1,
13 2016, the pilot program shall be expanded to include one site
14 in western Illinois, one site in southern Illinois, one site in
15 central Illinois, and 4 sites within metropolitan Chicago. An
16 evaluation of the pilot program shall be carried out measuring
17 health outcomes and cost of care for those served by the pilot
18 program compared to similarly situated patients who are not
19 served by the pilot program.

20 The Department shall require all networks of care to
21 develop a means either internally or by contract with experts
22 in navigation and community outreach to navigate cancer
23 patients to comprehensive care in a timely fashion. The
24 Department shall require all networks of care to include access
25 for patients diagnosed with cancer to at least one academic
26 commission on cancer-accredited cancer program as an

1 in-network covered benefit.

2 Any medical or health care provider shall immediately
3 recommend, to any pregnant woman who is being provided prenatal
4 services and is suspected of drug abuse or is addicted as
5 defined in the Alcoholism and Other Drug Abuse and Dependency
6 Act, referral to a local substance abuse treatment provider
7 licensed by the Department of Human Services or to a licensed
8 hospital which provides substance abuse treatment services.
9 The Department of Healthcare and Family Services shall assure
10 coverage for the cost of treatment of the drug abuse or
11 addiction for pregnant recipients in accordance with the
12 Illinois Medicaid Program in conjunction with the Department of
13 Human Services.

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

22 The Illinois Department, in cooperation with the
23 Departments of Human Services (as successor to the Department
24 of Alcoholism and Substance Abuse) and Public Health, through a
25 public awareness campaign, may provide information concerning
26 treatment for alcoholism and drug abuse and addiction, prenatal

1 health care, and other pertinent programs directed at reducing
2 the number of drug-affected infants born to recipients of
3 medical assistance.

4 Neither the Department of Healthcare and Family Services
5 nor the Department of Human Services shall sanction the
6 recipient solely on the basis of her substance abuse.

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

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

25 The sponsor must negotiate formal written contracts with
26 medical providers for physician services, inpatient and

1 outpatient hospital care, home health services, treatment for
2 alcoholism and substance abuse, and other services determined
3 necessary by the Illinois Department by rule for delivery by
4 Partnerships. Physician services must include prenatal and
5 obstetrical care. The Illinois Department shall reimburse
6 medical services delivered by Partnership providers to clients
7 in target areas according to provisions of this Article and the
8 Illinois Health Finance Reform Act, except that:

9 (1) Physicians participating in a Partnership and
10 providing certain services, which shall be determined by
11 the Illinois Department, to persons in areas covered by the
12 Partnership may receive an additional surcharge for such
13 services.

14 (2) The Department may elect to consider and negotiate
15 financial incentives to encourage the development of
16 Partnerships and the efficient delivery of medical care.

17 (3) Persons receiving medical services through
18 Partnerships may receive medical and case management
19 services above the level usually offered through the
20 medical assistance program.

21 Medical providers shall be required to meet certain
22 qualifications to participate in Partnerships to ensure the
23 delivery of high quality medical services. These
24 qualifications shall be determined by rule of the Illinois
25 Department and may be higher than qualifications for
26 participation in the medical assistance program. Partnership

1 sponsors may prescribe reasonable additional qualifications
2 for participation by medical providers, only with the prior
3 written approval of the Illinois Department.

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

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

16 The Illinois Department shall require health care
17 providers to maintain records that document the medical care
18 and services provided to recipients of Medical Assistance under
19 this Article. Such records must be retained for a period of not
20 less than 6 years from the date of service or as provided by
21 applicable State law, whichever period is longer, except that
22 if an audit is initiated within the required retention period
23 then the records must be retained until the audit is completed
24 and every exception is resolved. The Illinois Department shall
25 require health care providers to make available, when
26 authorized by the patient, in writing, the medical records in a

1 timely fashion to other health care providers who are treating
2 or serving persons eligible for Medical Assistance under this
3 Article. All dispensers of medical services shall be required
4 to maintain and retain business and professional records
5 sufficient to fully and accurately document the nature, scope,
6 details and receipt of the health care provided to persons
7 eligible for medical assistance under this Code, in accordance
8 with regulations promulgated by the Illinois Department. The
9 rules and regulations shall require that proof of the receipt
10 of prescription drugs, dentures, prosthetic devices and
11 eyeglasses by eligible persons under this Section accompany
12 each claim for reimbursement submitted by the dispenser of such
13 medical services. No such claims for reimbursement shall be
14 approved for payment by the Illinois Department without such
15 proof of receipt, unless the Illinois Department shall have put
16 into effect and shall be operating a system of post-payment
17 audit and review which shall, on a sampling basis, be deemed
18 adequate by the Illinois Department to assure that such drugs,
19 dentures, prosthetic devices and eyeglasses for which payment
20 is being made are actually being received by eligible
21 recipients. Within 90 days after the effective date of this
22 amendatory Act of 1984, the Illinois Department shall establish
23 a current list of acquisition costs for all prosthetic devices
24 and any other items recognized as medical equipment and
25 supplies reimbursable under this Article and shall update such
26 list on a quarterly basis, except that the acquisition costs of

1 all prescription drugs shall be updated no less frequently than
2 every 30 days as required by Section 5-5.12.

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

9 Notwithstanding any other law to the contrary, the Illinois
10 Department shall, within 365 days after July 22, 2013 (the
11 effective date of Public Act 98-104), establish procedures to
12 permit skilled care facilities licensed under the Nursing Home
13 Care Act to submit monthly billing claims for reimbursement
14 purposes. Following development of these procedures, the
15 Department shall, by July 1, 2016, test the viability of the
16 new system and implement any necessary operational or
17 structural changes to its information technology platforms in
18 order to allow for the direct acceptance and payment of nursing
19 home claims.

20 Notwithstanding any other law to the contrary, the Illinois
21 Department shall, within 365 days after August 15, 2014 (the
22 effective date of Public Act 98-963), establish procedures to
23 permit ID/DD facilities licensed under the ID/DD Community Care
24 Act and MC/DD facilities licensed under the MC/DD Act to submit
25 monthly billing claims for reimbursement purposes. Following
26 development of these procedures, the Department shall have an

1 additional 365 days to test the viability of the new system and
2 to ensure that any necessary operational or structural changes
3 to its information technology platforms are implemented.

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

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

21 Enrollment of a vendor shall be subject to a provisional
22 period and shall be conditional for one year. During the period
23 of conditional enrollment, the Department may terminate the
24 vendor's eligibility to participate in, or may disenroll the
25 vendor from, the medical assistance program without cause.
26 Unless otherwise specified, such termination of eligibility or

1 disenrollment is not subject to the Department's hearing
2 process. However, a disenrolled vendor may reapply without
3 penalty.

4 The Department has the discretion to limit the conditional
5 enrollment period for vendors based upon category of risk of
6 the vendor.

7 Prior to enrollment and during the conditional enrollment
8 period in the medical assistance program, all vendors shall be
9 subject to enhanced oversight, screening, and review based on
10 the risk of fraud, waste, and abuse that is posed by the
11 category of risk of the vendor. The Illinois Department shall
12 establish the procedures for oversight, screening, and review,
13 which may include, but need not be limited to: criminal and
14 financial background checks; fingerprinting; license,
15 certification, and authorization verifications; unscheduled or
16 unannounced site visits; database checks; prepayment audit
17 reviews; audits; payment caps; payment suspensions; and other
18 screening as required by federal or State law.

19 The Department shall define or specify the following: (i)
20 by provider notice, the "category of risk of the vendor" for
21 each type of vendor, which shall take into account the level of
22 screening applicable to a particular category of vendor under
23 federal law and regulations; (ii) by rule or provider notice,
24 the maximum length of the conditional enrollment period for
25 each category of risk of the vendor; and (iii) by rule, the
26 hearing rights, if any, afforded to a vendor in each category

1 of risk of the vendor that is terminated or disenrolled during
2 the conditional enrollment period.

3 To be eligible for payment consideration, a vendor's
4 payment claim or bill, either as an initial claim or as a
5 resubmitted claim following prior rejection, must be received
6 by the Illinois Department, or its fiscal intermediary, no
7 later than 180 days after the latest date on the claim on which
8 medical goods or services were provided, with the following
9 exceptions:

10 (1) In the case of a provider whose enrollment is in
11 process by the Illinois Department, the 180-day period
12 shall not begin until the date on the written notice from
13 the Illinois Department that the provider enrollment is
14 complete.

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

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

22 (4) In the case of a provider operated by a unit of
23 local government with a population exceeding 3,000,000
24 when local government funds finance federal participation
25 for claims payments.

26 For claims for services rendered during a period for which

1 a recipient received retroactive eligibility, claims must be
2 filed within 180 days after the Department determines the
3 applicant is eligible. For claims for which the Illinois
4 Department is not the primary payer, claims must be submitted
5 to the Illinois Department within 180 days after the final
6 adjudication by the primary payer.

7 In the case of long term care facilities, within 5 days of
8 receipt by the facility of required prescreening information,
9 data for new admissions shall be entered into the Medical
10 Electronic Data Interchange (MEDI) or the Recipient
11 Eligibility Verification (REV) System or successor system, and
12 within 15 days of receipt by the facility of required
13 prescreening information, admission documents shall be
14 submitted through MEDI or REV or shall be submitted directly to
15 the Department of Human Services using required admission
16 forms. Effective September 1, 2014, admission documents,
17 including all prescreening information, must be submitted
18 through MEDI or REV. Confirmation numbers assigned to an
19 accepted transaction shall be retained by a facility to verify
20 timely submittal. Once an admission transaction has been
21 completed, all resubmitted claims following prior rejection
22 are subject to receipt no later than 180 days after the
23 admission transaction has been completed.

24 Claims that are not submitted and received in compliance
25 with the foregoing requirements shall not be eligible for
26 payment under the medical assistance program, and the State

1 shall have no liability for payment of those claims.

2 To the extent consistent with applicable information and
3 privacy, security, and disclosure laws, State and federal
4 agencies and departments shall provide the Illinois Department
5 access to confidential and other information and data necessary
6 to perform eligibility and payment verifications and other
7 Illinois Department functions. This includes, but is not
8 limited to: information pertaining to licensure;
9 certification; earnings; immigration status; citizenship; wage
10 reporting; unearned and earned income; pension income;
11 employment; supplemental security income; social security
12 numbers; National Provider Identifier (NPI) numbers; the
13 National Practitioner Data Bank (NPDB); program and agency
14 exclusions; taxpayer identification numbers; tax delinquency;
15 corporate information; and death records.

16 The Illinois Department shall enter into agreements with
17 State agencies and departments, and is authorized to enter into
18 agreements with federal agencies and departments, under which
19 such agencies and departments shall share data necessary for
20 medical assistance program integrity functions and oversight.
21 The Illinois Department shall develop, in cooperation with
22 other State departments and agencies, and in compliance with
23 applicable federal laws and regulations, appropriate and
24 effective methods to share such data. At a minimum, and to the
25 extent necessary to provide data sharing, the Illinois
26 Department shall enter into agreements with State agencies and

1 departments, and is authorized to enter into agreements with
2 federal agencies and departments, including but not limited to:
3 the Secretary of State; the Department of Revenue; the
4 Department of Public Health; the Department of Human Services;
5 and the Department of Financial and Professional Regulation.

6 Beginning in fiscal year 2013, the Illinois Department
7 shall set forth a request for information to identify the
8 benefits of a pre-payment, post-adjudication, and post-edit
9 claims system with the goals of streamlining claims processing
10 and provider reimbursement, reducing the number of pending or
11 rejected claims, and helping to ensure a more transparent
12 adjudication process through the utilization of: (i) provider
13 data verification and provider screening technology; and (ii)
14 clinical code editing; and (iii) pre-pay, pre- or
15 post-adjudicated predictive modeling with an integrated case
16 management system with link analysis. Such a request for
17 information shall not be considered as a request for proposal
18 or as an obligation on the part of the Illinois Department to
19 take any action or acquire any products or services.

20 The Illinois Department shall establish policies,
21 procedures, standards and criteria by rule for the acquisition,
22 repair and replacement of orthotic and prosthetic devices and
23 durable medical equipment. Such rules shall provide, but not be
24 limited to, the following services: (1) immediate repair or
25 replacement of such devices by recipients; and (2) rental,
26 lease, purchase or lease-purchase of durable medical equipment

1 in a cost-effective manner, taking into consideration the
2 recipient's medical prognosis, the extent of the recipient's
3 needs, and the requirements and costs for maintaining such
4 equipment. Subject to prior approval, such rules shall enable a
5 recipient to temporarily acquire and use alternative or
6 substitute devices or equipment pending repairs or
7 replacements of any device or equipment previously authorized
8 for such recipient by the Department.

9 The Department shall execute, relative to the nursing home
10 prescreening project, written inter-agency agreements with the
11 Department of Human Services and the Department on Aging, to
12 effect the following: (i) intake procedures and common
13 eligibility criteria for those persons who are receiving
14 non-institutional services; and (ii) the establishment and
15 development of non-institutional services in areas of the State
16 where they are not currently available or are undeveloped; and
17 (iii) notwithstanding any other provision of law, subject to
18 federal approval, on and after July 1, 2012, an increase in the
19 determination of need (DON) scores from 29 to 37 for applicants
20 for institutional and home and community-based long term care;
21 if and only if federal approval is not granted, the Department
22 may, in conjunction with other affected agencies, implement
23 utilization controls or changes in benefit packages to
24 effectuate a similar savings amount for this population; and
25 (iv) no later than July 1, 2013, minimum level of care
26 eligibility criteria for institutional and home and

1 community-based long term care; and (v) no later than October
2 1, 2013, establish procedures to permit long term care
3 providers access to eligibility scores for individuals with an
4 admission date who are seeking or receiving services from the
5 long term care provider. In order to select the minimum level
6 of care eligibility criteria, the Governor shall establish a
7 workgroup that includes affected agency representatives and
8 stakeholders representing the institutional and home and
9 community-based long term care interests. This Section shall
10 not restrict the Department from implementing lower level of
11 care eligibility criteria for community-based services in
12 circumstances where federal approval has been granted.

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

20 The Illinois Department shall report annually to the
21 General Assembly, no later than the second Friday in April of
22 1979 and each year thereafter, in regard to:

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

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

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

3 (d) efforts at utilization review and control by the
4 Illinois Department.

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

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

24 On and after July 1, 2012, the Department shall reduce any
25 rate of reimbursement for services or other payments or alter
26 any methodologies authorized by this Code to reduce any rate of

1 reimbursement for services or other payments in accordance with
2 Section 5-5e.

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

19 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
20 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
21 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,
22 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;
23 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section
24 99 of P.A. 99-407 for its effective date); 99-433, eff.
25 8-21-15; revised 8-31-15.)

1 Section 995. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.

8 Section 999. Effective date. This Act takes effect July 1,
9 2016.