



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB5313

Introduced 2/10/2026, by Rep. Maura Hirschauer

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-5f

Amends the Medical Assistance Article of the Illinois Public Aid Code. Removes provisions requiring the Department of Healthcare and Family Services to: (i) establish benchmarks for hospitals to measure and align payments to reduce potentially preventable hospital readmissions, inpatient complications, and unnecessary emergency room visits; (ii) publish provider-specific historical readmission data and anticipated potentially preventable targets 60 days prior to the start of the program; and (iii) adopt policies and rates of reimbursement for readmission services and other payments.

LRB104 20195 KTG 33646 b

1 AN ACT concerning public aid.

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

4 Section 5. The Illinois Public Aid Code is amended by
5 changing Section 5-5f as follows:

6 (305 ILCS 5/5-5f)

7 Sec. 5-5f. Elimination and limitations of medical
8 assistance services. Notwithstanding any other provision of
9 this Code to the contrary, on and after July 1, 2012:

10 (a) The following service shall no longer be a covered
11 service available under this Code: group psychotherapy for
12 residents of any facility licensed under the Nursing Home
13 Care Act or the Specialized Mental Health Rehabilitation
14 Act of 2013.

15 (b) The Department shall place the following
16 limitations on services: (i) the Department shall limit
17 adult eyeglasses to one pair every 2 years; however, the
18 limitation does not apply to an individual who needs
19 different eyeglasses following a surgical procedure such
20 as cataract surgery; (ii) the Department shall set an
21 annual limit of a maximum of 20 visits for each of the
22 following services: adult speech, hearing, and language
23 therapy services, adult occupational therapy services, and

1 physical therapy services; on or after October 1, 2014,
2 the annual maximum limit of 20 visits shall expire but the
3 Department may require prior approval for all individuals
4 for speech, hearing, and language therapy services,
5 occupational therapy services, and physical therapy
6 services; (iii) the Department shall limit adult podiatry
7 services to individuals with diabetes; on or after October
8 1, 2014, podiatry services shall not be limited to
9 individuals with diabetes; (iv) the Department shall pay
10 for caesarean sections at the normal vaginal delivery rate
11 unless a caesarean section was medically necessary; (v)
12 the Department shall limit adult dental services to
13 emergencies; beginning July 1, 2013, the Department shall
14 ensure that the following conditions are recognized as
15 emergencies: (A) dental services necessary for an
16 individual in order for the individual to be cleared for a
17 medical procedure, such as a transplant; (B) extractions
18 and dentures necessary for a diabetic to receive proper
19 nutrition; (C) extractions and dentures necessary as a
20 result of cancer treatment; and (D) dental services
21 necessary for the health of a pregnant woman prior to
22 delivery of her baby; on or after July 1, 2014, adult
23 dental services shall no longer be limited to emergencies,
24 and dental services necessary for the health of a pregnant
25 woman prior to delivery of her baby shall continue to be
26 covered; and (vi) effective July 1, 2012 through June 30,

1 2021, the Department shall place limitations and require
2 concurrent review on every inpatient detoxification stay
3 to prevent repeat admissions to any hospital for
4 detoxification within 60 days of a previous inpatient
5 detoxification stay. The Department shall convene a
6 workgroup of hospitals, substance abuse providers, care
7 coordination entities, managed care plans, and other
8 stakeholders to develop recommendations for quality
9 standards, diversion to other settings, and admission
10 criteria for patients who need inpatient detoxification,
11 which shall be published on the Department's website no
12 later than September 1, 2013.

13 (c) The Department shall require prior approval of the
14 following services: wheelchair repairs costing more than
15 \$750, coronary artery bypass graft, and bariatric surgery
16 consistent with Medicare standards concerning patient
17 responsibility. Wheelchair repair prior approval requests
18 shall be adjudicated within one business day of receipt of
19 complete supporting documentation. Providers may not break
20 wheelchair repairs into separate claims for purposes of
21 staying under the \$750 threshold for requiring prior
22 approval. The wholesale price of manual and power
23 wheelchairs, durable medical equipment and supplies, and
24 complex rehabilitation technology products and services
25 shall be defined as actual acquisition cost including all
26 discounts.

1 (d) (Blank). ~~The Department shall establish benchmarks~~
2 ~~for hospitals to measure and align payments to reduce~~
3 ~~potentially preventable hospital readmissions, inpatient~~
4 ~~complications, and unnecessary emergency room visits. In~~
5 ~~doing so, the Department shall consider items, including,~~
6 ~~but not limited to, historic and current acuity of care~~
7 ~~and historic and current trends in readmission. The~~
8 ~~Department shall publish provider specific historical~~
9 ~~readmission data and anticipated potentially preventable~~
10 ~~targets 60 days prior to the start of the program. In the~~
11 ~~instance of readmissions, the Department shall adopt~~
12 ~~policies and rates of reimbursement for services and other~~
13 ~~payments provided under this Code to ensure that, by June~~
14 ~~30, 2013, expenditures to hospitals are reduced by, at a~~
15 ~~minimum, \$40,000,000.~~

16 (e) The Department shall establish utilization
17 controls for the hospice program such that it shall not
18 pay for other care services when an individual is in
19 hospice.

20 (f) For home health services, the Department shall
21 require Medicare certification of providers participating
22 in the program and implement the Medicare face-to-face
23 encounter rule. The Department shall require providers to
24 implement auditable electronic service verification based
25 on global positioning systems or other cost-effective
26 technology.

1 (g) For the Home Services Program operated by the
2 Department of Human Services and the Community Care
3 Program operated by the Department on Aging, the
4 Department of Human Services, in cooperation with the
5 Department on Aging, shall implement an electronic service
6 verification based on global positioning systems or other
7 cost-effective technology.

8 (h) Effective with inpatient hospital admissions on or
9 after July 1, 2012, the Department shall reduce the
10 payment for a claim that indicates the occurrence of a
11 provider-preventable condition during the admission as
12 specified by the Department in rules. The Department shall
13 not pay for services related to an other
14 provider-preventable condition.

15 As used in this subsection (h):

16 "Provider-preventable condition" means a health care
17 acquired condition as defined under the federal Medicaid
18 regulation found at 42 CFR 447.26 or an other
19 provider-preventable condition.

20 "Other provider-preventable condition" means a wrong
21 surgical or other invasive procedure performed on a
22 patient, a surgical or other invasive procedure performed
23 on the wrong body part, or a surgical procedure or other
24 invasive procedure performed on the wrong patient.

25 (i) The Department shall implement cost savings
26 initiatives for advanced imaging services, cardiac imaging

1 services, pain management services, and back surgery. Such
2 initiatives shall be designed to achieve annual costs
3 savings.

4 (j) The Department shall ensure that beneficiaries
5 with a diagnosis of epilepsy or seizure disorder in
6 Department records will not require prior approval for
7 anticonvulsants.

8 (Source: P.A. 101-209, eff. 8-5-19; 102-43, Article 5, Section
9 5-5, eff. 7-6-21; 102-43, Article 30, Section 30-5, eff.
10 7-6-21; 102-43, Article 80, Section 80-5, eff. 7-6-21;
11 102-813, eff. 5-13-22.)