



HR0746

LRB104 21206 RMO 35716 r

1 HOUSE RESOLUTION

2 WHEREAS, The Medicaid program administered by the Illinois
3 Department of Healthcare and Family Services (HFS) provides
4 health coverage to more than three million Illinois residents,
5 including low-income families, seniors, individuals with
6 disabilities, and children; and

7 WHEREAS, Community pharmacies serve as one of the most
8 accessible health care providers for Medicaid recipients,
9 ensuring access to life-saving medications, medication therapy
10 management, clinical consultation, and pharmacist-provided
11 patient care services; and

12 WHEREAS, The Medicaid fee-for-service (FFS) pharmacy
13 reimbursement methodology is designed to reimburse pharmacies
14 using transparent ingredient cost benchmarks along with a
15 professional dispensing fee, which reflects the cost of safely
16 dispensing medications, including pharmacist review, drug
17 utilization review, compliance with federal and state
18 regulatory requirements, patient counseling, and maintaining
19 pharmacy operations; and

20 WHEREAS, Under the Medicaid managed care system, pharmacy
21 reimbursement is frequently determined through contracts
22 between managed care organizations (MCOs) and pharmacy benefit

1 managers (PBMs), which may reimburse pharmacies at rates that
2 differ from the Medicaid FFS methodology, creating payment
3 instability and uncertainty for pharmacy providers; and

4 WHEREAS, Reimbursement below the Medicaid FFS benchmark
5 can create financial pressure on pharmacies serving Medicaid
6 beneficiaries, particularly independent pharmacies and
7 pharmacies located in rural and underserved communities; and

8 WHEREAS, Numerous states have identified cost savings and
9 improved transparency when Medicaid pharmacy reimbursement
10 systems utilize transparent reimbursement methodologies tied
11 to the state's FFS payment methodology, including ingredient
12 cost benchmarks and professional dispensing fees; and

13 WHEREAS, Transparent reimbursement models tied to Medicaid
14 FFS benchmarks improve accountability, reduce administrative
15 inefficiencies, and ensure that taxpayer funds are directed
16 toward patient care and pharmacy services rather than
17 unnecessary intermediary costs; and

18 WHEREAS, Illinois has experienced a growing number of
19 pharmacy closures and the emergence of pharmacy deserts,
20 particularly in rural and medically underserved communities,
21 where the loss of local pharmacies can significantly reduce
22 access to medications and pharmacist-provided care services;

1 and

2 WHEREAS, Pharmacy closures and network instability
3 disproportionately impact Medicaid recipients, who often rely
4 on nearby community pharmacies due to transportation barriers
5 and limited access to other health care providers; and

6 WHEREAS, Ensuring that pharmacy providers participating in
7 Medicaid managed care are reimbursed at no less than the rate
8 paid under the Medicaid FFS program, including the same
9 professional dispensing fee, can strengthen pharmacy network
10 stability, preserve patient access to medications, and promote
11 continuity of care; and

12 WHEREAS, Aligning Medicaid managed care pharmacy
13 reimbursement with the state's FFS reimbursement methodology
14 can increase transparency, reduce administrative
15 inefficiencies, and support the long-term sustainability of
16 pharmacy providers serving Medicaid beneficiaries; therefore,
17 be it

18 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE ONE
19 HUNDRED FOURTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, that
20 we urge the Illinois Department of Healthcare and Family
21 Services (HFS) to ensure that pharmacies participating in
22 Medicaid managed care networks are reimbursed for covered

1 outpatient prescription drugs at a rate no less than the
2 reimbursement that would be paid under the Illinois Medicaid
3 fee-for-service pharmacy program, including both the
4 ingredient cost methodology and the professional dispensing
5 fee; and be it further

6 RESOLVED, That we urge HFS to implement such reimbursement
7 parity through Medicaid managed care organization contracts
8 and pharmacy benefit manager agreements to ensure consistent,
9 transparent, and fair pharmacy reimbursement across the
10 Medicaid program; and be it further

11 RESOLVED, That we urge HFS to monitor and report to the
12 General Assembly on the impact of reimbursement parity on
13 pharmacy network participation, patient access to medications,
14 and pharmacy closures within the State; and be it further

15 RESOLVED, That we encourage HFS to evaluate the effect of
16 reimbursement parity on pharmacy deserts, rural health access,
17 and Medicaid beneficiary access to pharmacist-provided patient
18 care services, including medication counseling, chronic
19 disease management support, HIV PrEP/PEP, contraception
20 assessment, and preventive health services; and be it further

21 RESOLVED, That a suitable copy of this resolution be
22 delivered to the Director of the Illinois Department of

1 Healthcare and Family Services.