



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB5179

Introduced 1/27/2022, by Rep. Lindsey LaPointe

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-41

Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that, in light of the heightened risk of overdose if a patient is discharged and not linked to treatment and recovery supports, and the need for appropriate access to the treatment and services available via community-based substance use disorder and mental health providers, the Department of Healthcare and Family Services and each hospital shall ensure coordination of care and treatment for each patient with community-based mental health and substance use disorder treatment providers. Requires hospitals to coordinate and collaborate with community-based providers by: (i) providing a warm handoff of patients in need of treatment and recovery support services to community-based providers; (ii) collaborating with community-based providers on the provision of 24/7 access to transitioning patients prior to discharge from the hospital; (iii) working with community-based providers on fully implementing substance use disorder treatment and recovery supports through existing and new hospital-located community-based provider projects; and (iv) engaging in such other programs established by the Department to prioritize treatment within the community-based system to the extent such treatment is deemed to best serve a patient, is considered medically necessary, and is fiscally prudent. Provides that if a hospital fails to address these requirements prior to discharging a patient, the provider shall forgo reimbursement for any observation or admission services provided to the patient.

LRB102 24822 KTG 34067 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 5-41 as follows:

6 (305 ILCS 5/5-41)

7 Sec. 5-41. Inpatient hospitalization for opioid-related
8 overdose or withdrawal patients.

9 (a) Due to the disproportionately high opioid-related
10 fatality rates among African Americans in under-resourced
11 communities in Illinois, the lack of community resources, the
12 comorbidities experienced by these patients, and the high rate
13 of hospital inpatient recidivism associated with this
14 population when improperly treated, the Department shall
15 ensure that patients, whether enrolled under the Medical
16 Assistance Fee For Service program or enrolled with a Medicaid
17 Managed Care Organization, experiencing opioid-related
18 overdose or withdrawal are admitted on an inpatient status and
19 the provider shall be reimbursed accordingly, when deemed
20 medically necessary, as determined by either the patient's
21 primary care physician, or the physician or other practitioner
22 responsible for the patient's care at the hospital to which
23 the patient presents, using criteria established by the

1 American Society of Addiction Medicine. If it is determined by
2 the physician or other practitioner responsible for the
3 patient's care at the hospital to which the patient presents,
4 that a patient does not meet medical necessity criteria for
5 the admission, then the patient may be treated via observation
6 and the provider shall seek reimbursement accordingly. Nothing
7 in this Section shall diminish the requirements of a provider
8 to document medical necessity in the patient's record.

9 (b) In light of the heightened risk of overdose if a
10 patient is discharged and not linked to treatment and recovery
11 supports, and the need for appropriate access to the treatment
12 and services available via community-based substance use
13 disorder and mental health providers, notwithstanding
14 subsection (a), the Department and each hospital shall ensure
15 coordination of care and treatment for each patient with
16 community-based mental health and substance use disorder
17 treatment providers. Hospitals shall coordinate and
18 collaborate with community-based providers by:

19 (1) providing a warm handoff of patients in need of
20 treatment and recovery support services to community-based
21 providers;

22 (2) collaborating with community-based providers on
23 the provision of 24/7 access to transitioning patients
24 prior to discharge from the hospital;

25 (3) working with community-based providers on fully
26 implementing substance use disorder treatment and recovery

1 supports through existing and new hospital-located
2 community-based provider projects; and

3 (4) engaging in such other programs established by the
4 Department to prioritize treatment within the
5 community-based system to the extent such treatment is
6 deemed to best serve a patient, is considered medically
7 necessary, and is fiscally prudent.

8 (c) If a hospital fails to address the requirements of
9 subsection (b) prior to discharging a patient, the provider
10 shall forgo reimbursement for any observation or admission
11 services provided to the patient.

12 (Source: P.A. 102-43, eff. 7-6-21.)