AMENDMENT TO SENATE BILL 2294

AMENDMENT NO. ______. Amend Senate Bill 2294, AS AMENDED, with reference to page and line numbers of House Amendment No. 2, on page 8, by replacing lines 16 through 25 with the following:

"(305 ILCS 5/5-41 new)

Sec. 5-41. Inpatient hospitalization for opioid-related overdose or withdrawal patients. Due to the disproportionately high opioid-related fatality rates among African Americans in under-resourced communities in Illinois, the lack of community resources, the comorbidities experienced by these patients, and the high rate of hospital inpatient recidivism associated with this population when improperly treated, the Department shall ensure that patients, whether enrolled under the Medical Assistance Fee For Service program or enrolled with a Medicaid Managed Care Organization, experiencing opioid-related overdose or withdrawal are admitted on an inpatient status and
the provider shall be reimbursed accordingly, when deemed medically necessary, as determined by either the patient's primary care physician, or the physician or other practitioner responsible for the patient's care at the hospital to which the patient presents, using criteria established by the American Society of Addiction Medicine. If it is determined by the physician or other practitioner responsible for the patient's care at the hospital to which the patient presents, that a patient does not meet medical necessity criteria for the admission, then the patient may be treated via observation and the provider shall seek reimbursement accordingly. Nothing in this Section shall diminish the requirements of a provider to document medical necessity in the patient's record.

on page 9, by deleting lines 1 through 19; and

on page 12, by replacing lines 1 through 16 with the following:

"(305 ILCS 5/5-5.4k new)

Sec. 5-5.4k. Payments for long-acting injectable medications for mental health or substance use disorders. Notwithstanding any other provision of this Code, effective for dates of service on and after January 1, 2022, the medical assistance program shall separately reimburse at the prevailing fee schedule, for long-acting injectable medications administered for mental health or substance use
disorder in the hospital inpatient setting, and which are
compliant with the prior authorization requirements of this
Section. The Department, in consultation with a statewide
association representing a majority of hospitals and Managed
Care Organizations shall implement, by rule, reimbursement
policy and prior authorization criteria for the use of
long-acting injectable medications administered in the
hospital inpatient setting for the treatment of mental health
disorders."; and

on page 169, by deleting lines 4 through 23; and

by deleting pages 170 through 198; and

on page 199, by deleting lines 1 through 7.