

93RD GENERAL ASSEMBLY State of Illinois 2003 and 2004

Introduced 2/6/2004, by Christine Radogno

SYNOPSIS AS INTRODUCED:

305 ILCS 5/5-4.1

from Ch. 23, par. 5-4.1

Amends the Illinois Public Aid Code. Increases the maximum allowable co-payment for dental, optical services and supplies, chiropractic services, podiatry services and encounter rate clinic services from \$2 to \$3. Establishes a maximum allowable co-payment of \$2 for emergency room services that are not defined in 42CFR447.53 (b) (4). Requires the Department of Public Aid to seek a waiver from the U.S. Secretary of Health and Human Services under Title XIX, Section 1916(a) (3) of the Social Security Act.

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1 AN ACT concerning in relation to public aid.

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

Section 5. The Illinois Public Aid Code is amended by changing Section 5-4.1 as follows:

6 (305 ILCS 5/5-4.1) (from Ch. 23, par. 5-4.1)

7 Sec. 5-4.1. Co-payments.

(a) The Department may by rule provide that recipients under any Article of this Code shall pay a fee as a co-payment for services. Co-payments may not exceed \$3 for brand name drugs, \$1 for other pharmacy services other than for generic drugs, and \$2 for physicians services, \$3 for dental services, optical services and supplies, chiropractic services, podiatry services, and encounter rate clinic services , and \$2 for emergency room services not defined in 42CFR447.53(b)(4). There shall be no co-payment for generic drugs. Co-payments may not exceed \$3 for hospital outpatient and clinic services. Provided, however, that any such rule must provide that no co-payment requirement can exist for renal dialysis, radiation therapy, cancer chemotherapy, or insulin, and other products necessary on a recurring basis, the absence of which would be life threatening, or where co-payment expenditures for required services and/or medications for chronic diseases that the Illinois Department shall by rule designate shall cause an extensive financial burden on the recipient, and provided no co-payment shall exist for emergency room encounters which are for medical emergencies.

(b) The Department shall submit a waiver to the U.S. Secretary of Health and Human Services under Title XIX Section 1916(a)(3) of the Social Security Act to impose a copayment of up to double the "nominal" copayment amounts determined under 42CFR447.54(a)(3).

- 1 (Source: P.A. 92-597, eff. 6-28-02; 93-593, eff. 8-25-03.)
- 2 Section 99. Effective date. This Act takes effect upon
- 3 becoming law.