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09500HB5331ham001

LRB095 17540 DRJ 48138 a

1 AMENDMENT TO HOUSE BILL 5331

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5331 by replacing  
3 everything after the enacting clause with the following:

4 "Section 5. The Covering ALL KIDS Health Insurance Act is  
5 amended by adding Section 52.5 as follows:

6 (215 ILCS 170/52.5 new)

7 Sec. 52.5. Specialty physician care; fee schedule.

8 (a) Beginning January 1, 2009, the physician fee schedule  
9 for the Covering ALL KIDS Insurance Program must increase to  
10 become competitive with those of non-governmental, third party  
11 health insurance programs. By January 1, 2011, the payment for  
12 a pediatric specialty physician service must not be lower than  
13 Medicare reimbursement in accordance with the Medicare payment  
14 localities for Illinois. Reimbursement rules and policies  
15 shall not be more restrictive than Medicare physician payment  
16 rules and policies except as specifically required by federal

1 Medicaid and SCHIP laws. Payment for services must be made  
2 within 30 days after receipt of a bill or claim for payment in  
3 accordance with Section 368a of the Illinois Insurance Code.

4 (b) Transition period. For payments made or authorized by  
5 the Department of Healthcare and Family Services, the  
6 Department shall annually increase pediatric specialty  
7 physician payments under subsection (a) by an amount  
8 approximately equal to one third of the difference between the  
9 actual rates available for such purposes on January 1, 2008 and  
10 the Medicare reimbursement rates effective on January 1, 2007.  
11 If the General Assembly determines that resources are not  
12 available to fully fund the fee schedule for pediatric  
13 specialty physician care required by this subsection, then,  
14 until such time as the General Assembly determines that such  
15 funding is available, the Department shall increase any payment  
16 for physicians who provide pediatric specialty care services  
17 under the Covering ALL KIDS Health Insurance Program by an  
18 amount proportionately equivalent to any other increases for  
19 physicians, federally qualified health centers, rural health  
20 centers, or other non-institutional providers providing  
21 services to children for any services provided under this Act.

22 (c) Notwithstanding any other rulemaking authority that  
23 may exist, neither the Governor nor any agency or agency head  
24 under the jurisdiction of the Governor has any authority to  
25 make or promulgate rules to implement or enforce the provisions  
26 of this amendatory Act of the 95th General Assembly. If,

1 however, the Governor believes that rules are necessary to  
2 implement or enforce the provisions of this amendatory Act of  
3 the 95th General Assembly, the Governor may suggest rules to  
4 the General Assembly by filing them with the Clerk of the House  
5 and Secretary of the Senate and by requesting that the General  
6 Assembly authorize such rulemaking by law, enact those  
7 suggested rules into law, or take any other appropriate action  
8 in the General Assembly's discretion. Nothing contained in this  
9 amendatory Act of the 95th General Assembly shall be  
10 interpreted to grant rulemaking authority under any other  
11 Illinois statute where such authority is not otherwise  
12 explicitly given. For the purposes of this amendatory Act of  
13 the 95th General Assembly, "rules" is given the meaning  
14 contained in Section 1-70 of the Illinois Administrative  
15 Procedure Act, and "agency" and "agency head" are given the  
16 meanings contained in Sections 1-20 and 1-25 of the Illinois  
17 Administrative Procedure Act to the extent that such  
18 definitions apply to agencies or agency heads under the  
19 jurisdiction of the Governor.

20  
21 Section 10. The Illinois Public Aid Code is amended by  
22 adding Section 5-5.05 as follows:

23 (305 ILCS 5/5-5.05 new)

24 Sec. 5-5.05. Physician payments; pediatric specialty

1 physician services.

2 (a) Notwithstanding any other provision of this Article,  
3 beginning January 1, 2009, the physician fee schedule for  
4 pediatric physician specialists must increase to become  
5 competitive with those of non-governmental, third party health  
6 insurance programs. By January 1, 2011, the payment for a  
7 pediatric specialty physician service must not be lower than  
8 Medicare reimbursement in accordance with the Medicare payment  
9 localities for Illinois. Reimbursement rules and policies  
10 shall not be more restrictive than Medicare physician payment  
11 rules and policies except as specifically required by federal  
12 Medicaid and SCHIP laws. Payment for services must be made  
13 within 30 days after receipt of a bill or claim for payment in  
14 accordance with Section 368a of the Illinois Insurance Code.

15 (b) Transition period. For payments made or authorized by  
16 the Department of Healthcare and Family Services, the  
17 Department shall annually increase pediatric specialty  
18 physician payments under subsection (a) by an amount  
19 approximately equal to one third of the difference between the  
20 actual rates available for such purposes on January 1, 2008 and  
21 the Medicare reimbursement rates effective on January 1, 2007.  
22 If the General Assembly determines that resources are not  
23 available to fully fund the fee schedule for pediatric  
24 specialty physician care required by this subsection, then,  
25 until such time as the General Assembly determines that such  
26 funding is available, the Department shall increase any payment

1 for physicians who provide pediatric specialty care services  
2 under the medical assistance program by an amount  
3 proportionately equivalent to any other increases for  
4 physicians, federally qualified health centers, rural health  
5 centers, or other non-institutional providers providing  
6 services to children for any services provided under this Act.

7 (c) Notwithstanding any other rulemaking authority that  
8 may exist, neither the Governor nor any agency or agency head  
9 under the jurisdiction of the Governor has any authority to  
10 make or promulgate rules to implement or enforce the provisions  
11 of this amendatory Act of the 95th General Assembly. If,  
12 however, the Governor believes that rules are necessary to  
13 implement or enforce the provisions of this amendatory Act of  
14 the 95th General Assembly, the Governor may suggest rules to  
15 the General Assembly by filing them with the Clerk of the House  
16 and Secretary of the Senate and by requesting that the General  
17 Assembly authorize such rulemaking by law, enact those  
18 suggested rules into law, or take any other appropriate action  
19 in the General Assembly's discretion. Nothing contained in this  
20 amendatory Act of the 95th General Assembly shall be  
21 interpreted to grant rulemaking authority under any other  
22 Illinois statute where such authority is not otherwise  
23 explicitly given. For the purposes of this amendatory Act of  
24 the 95th General Assembly, "rules" is given the meaning  
25 contained in Section 1-70 of the Illinois Administrative  
26 Procedure Act, and "agency" and "agency head" are given the

1 meanings contained in Sections 1-20 and 1-25 of the Illinois  
2 Administrative Procedure Act to the extent that such  
3 definitions apply to agencies or agency heads under the  
4 jurisdiction of the Governor."